MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01613 PLACE OF DEATH n. COUNTY o. STATE PM3. Poge Anne Arundel MARYLAND delay pages I and 2 with the State Department b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Glen Burnie-rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREFT ADDRESS e along with form Give Poges 1, North Arundel Hospital 3. NAME OF First Middle Lost DECEASED (Type or print) Ruben

DUE TO

DUE TO

167

6. COLOR OR RACE

10a. USUAL OCCUPATION (Give kind of work done

SALESMAN

WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

during most of working life, even if retired)

Conditions, if any, which gave

rise to immediate couse (a).

stating the underlying couse

20g. EXTERNAL CAUSE WAS

CAUSE OF DEATH

ACTUAL

EXAMINER'S

NAME (Type)

230. BURIAL CREMATION.

24. FUNERAL DIRECTOR

PRIMARY OF CONTRIBUTING

Hour XIX

deoth resulted from:

20c. TIME OF INJURY Month, Day, Year

white

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Anne Arundel Maryland c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Glen Burnie-rural e. IS RESIDENCE ON A FARM? 604 Old Stage Rd. NO 4. DATE Month Year 23 19 67 Alspaw M. DEATH 9. AGE (In years 8. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? USA + ELEVISION COLUMBIA 14. MOTHER'S MAIDEN NAM 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 493-18-8814 2 M WORLD WAR W. S. WKEELER CAMELLON Kd 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (0) Multiple injuries WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES 😾 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) driver in auto-auto collision 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Anne Arundel Md. of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry and in my opinian Accident x Noturol couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER K DEPUTY MEDICAL EXAMINER 2/24/67 Werner U. Spitz, M.D. Address (Street, city, town, or county) NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City of Town) (No.) 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

may be retained for your FUNERAL DIRECTOR: Page fungral director. Health the 50 VR A 15ME (5) 6M 1/67

S. SEX

male

13. FATHER'S NAME

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MEDICAL

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MARYLAND STATE DEPARTMENT OF HEALTH

	01614	TISION OF THAL		FICATE	OF DEATH	TRE, MARIDAND 2120	0161	
T.	b. CITY OR TOWN (If outside corp write RURAL and give nearest	rundel	MAR c. LENGTH OF STAY	YLAND	a. STATE Mary	Where deceased lived, if inst Land b. Cl Itside corporate limits, write polis	Anne .	
3	d. NAME OF HOSPITAL OR INSTITU Anne Arundel Ge				d. STREET ADDRESS 715 Genes	see St.,		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First William	Middle Henry		Lost ARNOLD	4. DATE MORE TO THE DEATH Febr	-	Year 19 67
100	SEX 6. COLOR O Male Whit a. USUAL OCCUPATION (Give kind of my most of warking be even if ret	work dane 10b.	DIVORCE	o M	DATE OF BIRTH 2, 1895 II. BIRTHPLACE (County	9. AGE (In years lost birthday 71 yrs & Stote, or foreign country) Maryland	Months Doy	s Hours Min. OF WHAT
15	. WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yos give wo	ARNO DE FORCES? or or dotes of service)	9N MINT DLD SOCIAL SECURITY NO.	/	4. MOTHER'S MAIDEN I	NAME L. EM	MERICI didress #2	H
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMED Canditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost.		11.0	me me	nephr	uls		NTERVAL BEDWEEN ONSET AND DEATH OF THE PROPERTY OF THE PROPERT
ATION	PART II. OTHER SIGNIFICANT CO		TO DEATH BUT NOT RE	LATED TO THE	TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	- 1	9. WAS AUTOPSY PERFORMED? YES NO K
L CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM	EATH	DESCRIBE HOW INJURY O	CCURRED. (En	ter nature of injury in	Part I or Port II of item 18.)	1	
MEDICAL	20c. TIME OF INJURY Month, D Haur a.m. p.m.	19 While of wo	ork of work	foctory	OF INJURY (Home, form , street, office bldg., etc.)			(State)
	21. I certify that (I) saw the deceased of 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Ricl		Horela		PHYS. 22d. ADDRESS	M, from cause	22b. DATE ST	GNED /67
6	D. BURIAL, CREMATION, REMOVAL (SASTIVE) 4. BONERAL DIRECTOR	DATE THEREOF 7	23c, NAME OF CEM	EEST OR CRI		ANNA POL	Tawn) (Cour	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after a

Page 4 may be retained by the hospital or ottending physicion.

Tehnica and healtens #1Couper) Annu crurated Nemoral Soughted 715 Sementer 31. 10 PARTS 10 Paintee Sign Miches Rolto Maryland 1.8. JOHN H. ARLIGHT TOHANNA F. EMMERICH NO - ANNE A. ARNELD #1-A STATE OF THE STA 22 55 50 Tel. 22 57 EVERTE 245569 HILLCREST ANNAPOLIS ME. I won to to the day (houself Mile FEL 2 5 1987 French line TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending plysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

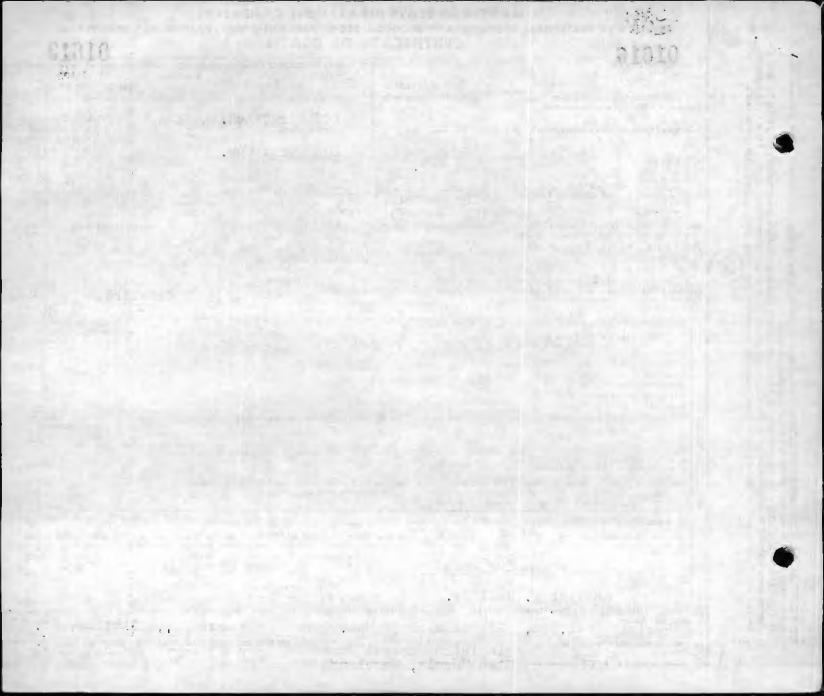
VR A15 (4)

	MARYLAND STATE DE	PARTMEN	IT OF HEALT	TH .	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRI	ESTON STREET,	BALTIMORE 1,	MARYLAN
OTETE	CERTIFICATE	OF DE	ATH		01619

01615		CERTIFI	CATE	OF DEAT	H			016	112	
1. PLACE OF DEATH			2.	USUAL RESIDEN	CE (Where d			sidence	before e	dmission)
Anne Arundel		MARYL	A NID	a. STATE Maryl	and	b. COUN	Anne A	rund	el	
b. CITY OR TOWN (if outside corporete	limits,	c. LENGTH OF STAY	American American	c. CITY OR TOWN						n)
Rural - Mayo (Edg	ewater)			Rumal	- Mayo	(RA an	water)	2	13-	1
d. NAME OF HOSPITAL OR INSTITUTION		pital, give street eddres	(s)	d. STREET ADDRESS		Trage	Marcar)	T	e. IS RE	SIDENCE
				D4 7 D	070 0	10A L			YES T	A FARM?
Rt 1 Box 313 D	First	Middla		Rt 1 Box	4, DATE	ragewat.		Dey	Yaer	NO X
DECEASED		_			OF DEATI			507		
DI.	ADIE	FRANCES	В	ALL		reb.	1	and the same of	19	57
6. COLOR OR R	7. MARRIE	D NEVER MARRIED	8. 0.	ATE OF BIRTH	1	9. AGE (In years last birthday)			UNDER	Min.
female white	WIDOWE			ct. 28. 18		76 yrs.				
loe. USUAL OCCUPATION (Give kind of done during most of working life, even if	work 10b, K	IND OF BUSINESS OR I	NDUSTRY 1	1. BIRTHPLACE (Cour	nty & Stele, o	foreign country)	12, CITIZ	EN OF V	WHAT C	OUNTRY?
housewife		ever worked	i	Mayo Mar	vland		USA			
3. FATHER'S NAME			14.	Mayo Mar	NAME					
unknown				Willemini	a Rehl	le le				
IS. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO	. 17. INF	DRMANT	W DAIL	Address	da etimo		. 40	
(Yes, no, or unkown) (Ifyesgivawerordet		71 05 0105	34	D 7 D . C .	24	A		e as	12	
18. CAUSE OF DEATH [Enter only	one cause per	14-05-24251 line for (e), (b), and (c).	I Mrs.	rant n° pb	Truste	-amignre	r	a bo	VAL BET	WEEN
PART I. DEATH WAS CAUSED E		on Compine	· ·	io				ONSE	TAND	DEATH
IMMEDIATE CAUS		en. Carcino	Jimacus	18			-	-		
14.00	ЕТО	Ca of sigmo	4.4							
Conditions, if eny, which geve rise to immediate couse	(b)	Ca or signic	JIU					_2_	yrs.	~
(e), steting the underlying	E TO									
couse lost.	(c)	,								
PART II. OTHER SIGNIFICANT CO	ONDITIONS COL	NTRIBUTING TO DEATH	BUT NOT R	LATED TO THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART	(e) 19.	WAS A	UTOPSY RMED?
PART II. OTHER SIGNIFICANT CO 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. I [IF ETITHER, NOTIFY MEDICAL EXAMI								YES		NOX
20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	□ 20b. DE	SCRIBE HOW INJURY O	CCURRED.	inter neture of injury i	in Peri I or Per	t H of item 18.)				
OR CONTRIBUTING CAUSE OF DE	NER)									
20c. TIME OF INJURY Month, Da	y, Yeer 20d.	INJURY OCCURRED 2	De. PLACE	OF INJURY (Home, far	m, ; 20f. (Ci	ly or town)	(Count	(y)	-	(State)
20c. TIME OF INJURY Month, Day	While at wo		factory,	straet, office bldg., etc	c.)					
panta.	17		- 4	an-	.55	27117 67			7-2 -	
21. I certify that (I) (this he										
saw the deceased alive on	2/10/6/		d that dea	oth occurred at?	K.M. from	n the causes a	nd on the	date :		
22e. SIGNATURE			,	ATTENDING	MED.	STAFF			225	DATE SIGNED
	7.08	mul	M.D.	LHX	DIRECTOR [PHY5.	2	/13/	67	
NAME (Type'S, Borssu	5 30 75			22d. ADDRESS	T. 1	1 4	11	20.2		
S. Borsst	ick, M.B	• >		Amos Garre	CE RIA	u., Anna	polis,	. DM		10
23a. BURIAL, CREMATION, 23b. DATE	THEREOF	23c. NAME OF CEA	AETERY OR	CREMATORY	23d. LOC	CATION (City, to	wn or county)		(SI	ate)
Burial Feb.	4.1967	Mayo Met	hodis	t Church	Ma	vo. Au	ne Ami	ndel	. Mo	3.
24 BINERAY-DRIEFORD SIGHATURE I		ADDRESS _	House			TRAR 256. REG				-
Hopping Funeral Ho	- Marie	innapolis.	10/10	DAFTE	B 16	1967 10	Layla	0	100	
obbrite rangi at m	THIS - P	uniahorty 2	140/	1 pylia	<u> </u>	100/		7	7	

- 1	MAKYLAND STATI	EDEPARTME	INT OF HEALT	Н	
DIVISION OF STATISTICAL	RESEARCH AND RECO	RDS, 301 W. P	RESTON STREET,	BALTIMORE 1, /	MARYLAND
4040	CERTIFIC	ATE OF D	EATH		0101

1	-01616 CERTIFICA	D1613	
	1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before admiss	ion)
1	e. COUNTY A A	B. STATE b. COUNTY	
-		Maryland Anne Arundel	-
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	
	Jerndale Dr-	YOSKRIYEXXAMEXXXXXXXXXXXX Ferndale	21
- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDER	
)	106-12 avr. 8- Feradale	106 First Ave.	1
	3. NAME OF First Middle	Last 4. DATE Month Day Yeer	
	(Type or print) Elegate Ph. Bucklan Ro	DEATH Jek- 10 1967	*
1	5. SEX 6. COUOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	RS.
		7/19/83 [ast birthday] Months Days Hours Mil	n.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUN	TPY?
	dona during most of working life, even it retired)	D 251	I KII
	Neirse & Saleslady West Stoke	Deltimore Md. USH	
N	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Joseph W. Jamelerger	Va Poole	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Addressister	1
	(Yés, no, or unkown) (If yas give wer or dates of service) 2/2-18 5 795 7	margaset Hudwall 35 #2)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	I INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	1
j	IMMEDIATE CAUSE (a) CONCR-0- JUST	cues procase 177	-
	DUE TO	M ×	
	Conditions, if ony, which \ (b) Weathertey -	1/1/7 -	
	pave rise to Immediate cause		
	(e), stating the uncertying		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOF	YZY
,	E CONTROL STORING CONTROL CONT	PERFORMED	?
	3	YES NO	XI_
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT N 208. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH OF THE THIRE NOTIFY MEDICAL EXAMINED	D. (Enter nature of injury in Part I or Part II of item 18.)	
	O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	11001 01111	ctory, streat, office bldg., atc.)	
-	p.m. 19 at work et work		-
	21. I certify that (I) (this hospital) attended the deceased from		last
	saw the deceased alive on 7/10 1957, and the	at death occured at	
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DA	TE
	Those & Sall X.	M.D. PHYS. DIRECTOR PHYS. D 9/10/67	Lerri
	22c. PHYSICIAN'S	22d, ADDRESS	
	NAME (Type) Charles L. Ball Jr.	Listliceson mel.	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)	=
	REMOVAL (Specify)		
			_
	24 FUNERAL DIRECTOR'S SIGNATURE SINGLETON FUNET	EL Home 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	02 -10 11	ruland DATE FEB 14 1967 Guardan Condy	-
			-



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be defacted for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 haurs after death Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

01617

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2/28/67 iml	CERTIFICATE	OF DEATH		01014
1. PLACE OF DEATH			Vhere deceased lived, if institution: R	(existate before admission)
o. COUNTYA . A.	MARYLAND	o. STATE Md.	b. COUNTYA	.A.
b. CITY OR TOWN (If outside corporate limits, with RIRAL and give regrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If on	sufue (Imits, write RURAL or	nd give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in 713 Carolyn Rd.	hospital, give street address)	d. STREET ADDRESS	olyn Rd.	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Raymond	Benzinger	Last	4. DATE Month OF Feb.	17, Year
MW	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 10/7/06		UNDER 1 YEAR IF UNDER 24 HRS On this Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fainter	Hanline Bros.	Md.	& State, or loreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Bensinger		14. MOTHER'S MAIDEN N		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of sen	vice)	informant ie E. Bensir	Glen ^{Ad} ∰ürn nger,713 Carolyn	
18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).)	Ejuoma	of Lung	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave itself to immediate cause (a), stating the underlying cause DUE TO			V (/	275
lost. (c)_				
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, form tory, street, affice bldg., etc.)		(County) (State)
21. I certify that (1) (this haspital saw the deceased alive an		t death accurred at	966, ta Teb// 6A M, fram causes and	196, that (I) (we) la an the date stated above
220. SIGNATURE	160, M.		MED: STAFF DIRECTOR PHYS. 2	2b. DATE SIGNED 67
226. PHYSICIAN'S NAME (Type) JOSEP	H TALER	22d. ADDRESS	en Burne	, Md.
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 2/20/67	23c. NAME OF CEMETERY OR Loudon Park C		23d. LOCATION (City or Town) Baltimore, Md	(County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'E		AR'S SIGNATURE
OWARD H. HUBBARD, 4136	41U/ Wilkens Ave.	ZIZZ9 DATE LE	D 4 4 1001 /	- Land

DATE

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- 2	Arm		01018	•		CERTIFICAT	E OF DEATH			0.1	615	
and and	8.9		PLACE OF DEATH				2 USUAL RESIDENCE ((Where deceased			fore admission	n)
2 - F	141	1		ANNE ARUND	_	MARYLAND	MAH	RYLAND	P. COAN	ANNE	ARUNDE	L
age pe			CITY OR TOWN (I	fauts de carparate I m t	s,	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	,		Al and give rea	rest tawn)	
s. Page				GLEN BORNI		13 DAYS		- PASADE	NA		I . IC DECID	71.00
-= = ~	,	'		AL OR INSTITUTION (If no		· ·	d STREET ADDRESS	ATORETICAL C	DD 1031	O DOTAM	e IS RESID	RM2
ely filled in con paper within 72	. 1	2	NORTH AF	RUNDEL GENER	ral HUS	Middle	232 GRA	I 4 DATE	Month		YES Year	NOX[X]
completely filled ove corbon paper vevent within 7			DECEASED Type or print}	FRODER		MINGIO	BERGER	OF	FEBRU		0 196	
ve corl		5		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DAYE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEA	R TE UNDER	24 HRS
		N	TALE	WHITE	WIDOWED		AUGUST 7.190	7	ost birthday) 59 yrs.	Months Doy	s Haurs	Min.
ician and college remo			USUAL OCCUPATION	(Give kind of work dane		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (Caunty		r country)	12 CITIZEN COUNTR		
ician (leose			CHAUFFEU	R		. of SANTITAT		LAND		COSIVIA	USA	
anding physician and in the please rem		13.	FATHER S NAME				14. MOTHER'S MAIDEN					
The second		15	Christ.	RINUS ARMED FORCES?	76	SOCIAL SECURITY NO. T 17	Mamie Do	wning	Addre	· -	D - 1	A
		(Ve	s, na, ar unknawn)	(If yes give war ar dotes o	of service)			222		TOTIE	Poin	T,
6			NO	None ATH (Enter any one cau			lelen Berg	er_232	(6) (6) (6)		NTERVAL BETY	VEEN
ns:			PART I DEAT	TH WAS CAUSED BY	Ti. 4	ostatie (arcinon	le			ONSET AND DE	HTA
signed by the art burial-trons, a per			163X	DUE	TO							
signed burral-t			rise to immediat	e couse (n)	(0)	er li num	dung					
ie b			stating the under									
os been os the			OST.	CANELSANT CONDITIONS	(c)	O DEATH DUT NOT DE ATED TO	THE TERMINAL DISEASE CO.	MDITION CREEK II	DADT 1(a)		9. WAS AUTO	PCV
for use of Health of		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								PERFORME	10 🔯	
		L CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	205 DE	SCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II	af item 18.)			
TO FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Deat of		MEDICAL	20c TIME OF INJE Haur a.f	IRY Manth, Doy, Year	20d II While at wark	Not While fo	ACE OF INJURY (Home, far ctary, street, affice bldg., etc		ity ar tawn)	(Caunty)	(S	tate)
Afte J be						led the deceased from		19ta_	relieve	10, 1967	that (I) (v	ve) las
Sold H				eceased alive on_	House	19(1), and th	at deoth accurred a	1 10 7 M, I	rom couses()	and on the d		obove
e 3 st			22a SIGNATURE	1/11	SIKF	MIREZ		MED. DIRECTOR	STAFF PHYS.	2	/10/0	7
ERAL I	j		22c PHYSICIAN'S NAME (Type	J.B.	KA	MIREZ	22d. ADDRESS 35	12 NORT		NE RD	Balts	12
FUN		23 a	BUR AL, CREMATIC REMOVAL Specify	\		234 NAME OF CEMETERY OF	CREMATORY		ION (City or Tov			ote)
5 4		0.4	Burial FUNERAL DIRECTO	2/14/	67	Oak Lawn	ac- pre	7225 .		n Ave		1 .
	3 1/4	14	. TUNERAL DIRECTO	75		WDDV (22	I ZOU, KEU	O DI NEUDINAK	430, KE	ANDIE CAMPILIE	1074	

Frederick D. Miller Inc 3019 E. MonumentanSt

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TO NOTIFIAL OR ATTENDING PRYMCIAM: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

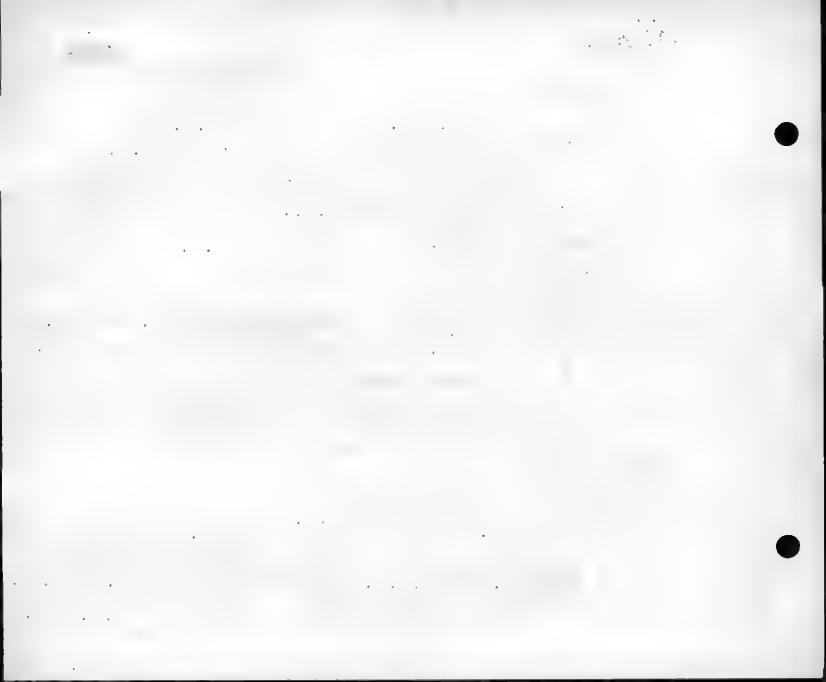
VR A15 (4) 20 M 1/66 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01619		CERTIFICATE	OF DEATH		01616			
		PLACE OF DEATH a. COUNTY Anne Arunde1		MARYLAND	2 USUAL RESIDENCE (V a. STATE	Where deceased lived, it institut a b. COUNT				
		b. CITY OR TOWN (If autside corporate imit write RURAL and give nearest town)	s, c. L	ENGTH OF STAY IN 16	c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		Laurel	3	6 yrs, 2 mos	Washing	ton, D. C.	T. TO BYC DOLLOS			
		d. NAME OF HOSPITAL OR INSTITUTION (IF n Children's Cente	r Hospita	reet adoress)	d STREET ADDRESS 1018 Pot	omac Avenue, S	e. IS RESIDENCE ON A FARM? YES NO K			
			rene	Midd e	last Berry	4. DATE Month OF DEATH Februar	0.07			
		SEX 6 COLOR OR RACE White	7 MARRIED WIDOWED		11-19-94	9 AGE (n years Lost b rthdoy) 72 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min			
	100 LSUAL OCCUPATION (Give kind of work done during the event febred) during the event febred 10b KIND OF BUSINESS OR INDUSTRY					& State, or foreign country) on, D. C.	12 CITIZEN OF WHAT COUNTRY? USA			
	13.	FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN N Unknown	NAME				
		. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar doles			NFORMANT	Address				
		IB CAUSE OF DEATH (Enter on y and corporate to immediate cause (a), stating the underlying cause (b).	(b) Mental	hal obstruct nal obstruct n and diffus retardation	ion with ma	nter Hospital, rked gastric hemorrhage	ONSET AND DEATH 2 days			
/	FICATION.	PART II. OTHER SIGNIFICANT CONDITIONS C	(c) Ontributing to de	ATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO			
	CERT	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of injury in I	Part I or Part It of item 18.)				
	MED CAL	20c TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m. 19	20d. INJURY While at wark		E OF INJURY (Home, farm ry, street, affice bldg., etc.)		(County) (State)			
		saw the deceased alive on_	pitol) attended Feb. 7	the deceased from <u>N</u> 19 <u>6.7</u> , and that	ov. 1 , , 1 death occurred at	9 <u>30</u> , ta <u>Feb. 7</u> 10:20M, grom _M auses a	, 1967, that (I) (we) last ind on the date stated above.			
		220. SKNATURE Staff M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 2/9/67								
/		<u> </u>		IOS, M. D.			tal, Laurel, Md.			
1	23a	BURIAL, CREMATION, REMOVA: (Specify) 2/1	0/67 C	NAME OF CEMETERY OR C Children's Ce	REMATORY enter	23d LOCATION (City or Town	A. (County) (State)			
	84	FUNERAL DIRECTOR COLLOW	& Mac	ADDRESS M	25a. REC'D	BY REGISTRAR 256 REG	STRARS SIGNATURE Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

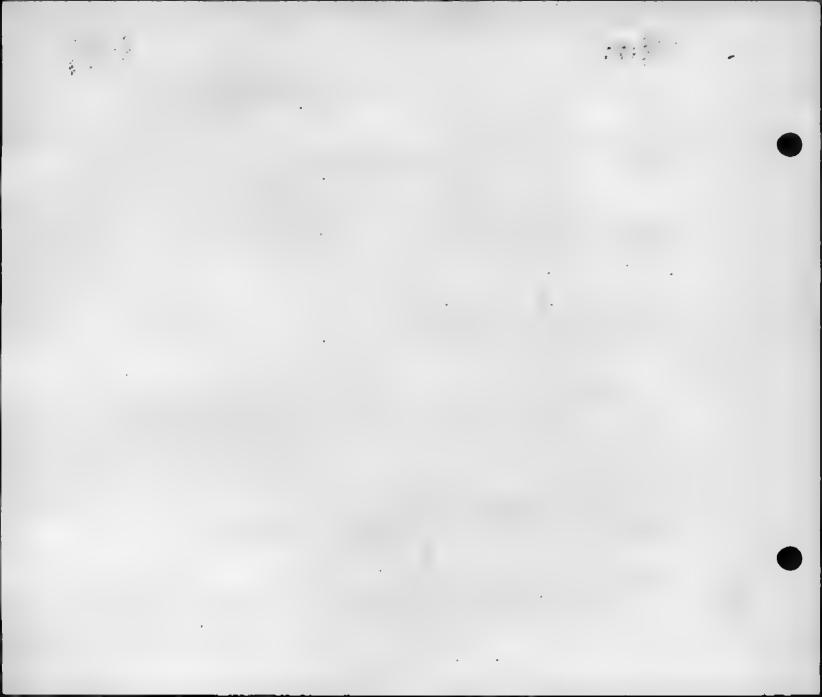
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deate certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	01620	CERTIFICA	TE OF DEATH	01	617
ì.	PLACE OF DEATH			R (Where dacaesed lived, If institution:	Residence before admission)
	ANNE ARUNDEL	MARYLAND	e. STATE NORTH	DAKOTA b. COUNTY	1
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, write RURAL es	nd give neerest Town)
	write RURAL end giva neerest town) JESSUP	DOA	SE MINOT		
-	d NAME OF HOSPITAL OR INSTITUTION (IF no	ot in hospital, give street eddress)	d STREET ADDRESS		IS RESIDENCE
	US HIGHWAY 32 NEAR JES	SSUP, MD	108 19TH ST	TREET	ON A FARM? YES NO L
3.	NAME OF First	Middle	Last	4. DATE Month	Day Year
	(Typa or print) FABIAN	NMI BLACK	I JR.	DEATH FEBRUARY	4 19 67
5.	SEX 6. COLOR OF RACE 7.		. DATE OF BIRTH	9. AGE (In years IF UNDER	The state of the s
	MALE CAU w	VIDOWED DIVORCED	L8 APRIL 1943	2 birthdey) Months	Deys Hours Min.
10	e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		& State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
ľ	SOLDIER working life, even if ratired)	US ARMY	RUGLY, ND	U	S
13	FATHER'S NAME	,	14. MOTHER'S MAIDEN N.	_	
	FABIAN BLACK SR.		LENA KRUTZ	Z	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. I	NFORMANT	108 19TH"STREE	m
11	MAR 66-4 FEB	67 502-48-0067 FAE	BIAN BLACK SR	(F) SE MINOT ND	1
	18 CAUSE OF DEATH [Enter only one cau	use per line for (e), (b), end (c).)		OB HIMOT MD	INTERVAL BETWEEN
L	PART I DEATH WAS CAUSED BY:	Basilar Skull Fract	ure, Lacerati	ion(R) Lung and	ONSET AND DEATH
	- 4 DUE TO				
		iver			Unknown
	gava rise to immadiate ceuse (e), stating the undarlying DUE TO				
	causa last. (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES K NO
TIFIC	20a. ACCIDENT WAS UNDERLYING [] 2 OR CONTRIBUTING [] CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury In F	Pert I or Part II of Itam 18.]	
		ute Accident			
MEDICAL	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA		20f. (City or town) (Co	unity) (State)
MED	1:30 KK Feb 4 1967	While Not While Rt #	ory, street, office bldg., etc.)	Near Jessup(Anne	Arundel) Md.
	21. I certify that (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			5, xcc4Feb, 19	67 therefore to the contract of
	special description of the second of the sec				
	22a STONATURE	10 / /			22b, DATE
	Oust telling	Honk 16th	ATTENDING ME	RECTOR PHYS. 1 4 F	ebruary 1967
	22c. THYSICIAN S		22d. ADDRESS		
	NAME (Type ELIX A. CONT	E, CPT, MC	KIMBROUGH A	AH, FT GEO G MEADE	, MD
23	BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY		23d. LOCATION (City, town or coun	
	Feb. 9, 196	7 ROSEHILL CEME	TERY	MINOT, NORTY DAK	OTA
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
	Harold S. Nade, 550 Wash	.Blvd., Lazrel, Mary	lane DATE P	88 1967	in Just i
-				U"	L/ W

VR A15 (4) 20M 5-63



yan and completely filled in by the funeral sose remave carban papers. Pages 1 and 2 and in any event, within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pays director, page 3 should be detached far use as the bunal-transit permit their paharly should be filed with the State Dept. of Health priar to burial, crematian, or remover.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate 📰 executed within 24 hours after death.

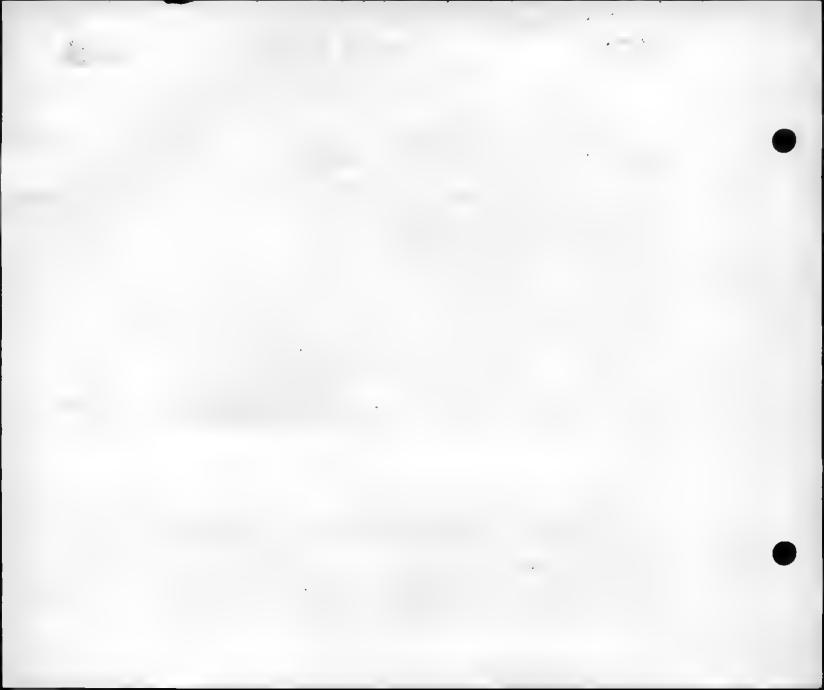
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01621

CERTIFICATE OF DEATH

0	4	0	4	O	1				
		h	5 (٤				
D.	mpliff the	-		-	-	1	_	_	_

-		
	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
	a COUNTY than the seed of	a STATE in a COUNTY OF A Land CO
	MARYLAND MARYLAND	net His his -terestrinotes
	b CITY OR TOWN (If outside carparate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Grite RURAL and give neared town) bullets	Bactimore
_/		
,	a NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS (Each) ON A FARM?
4	mn: polis hursing and Convalencent to	The Box 264, Rt2, Vasadana, and YES NO IN
3	NAME OF First Middle	Last 4. DATE Manth Day Year
	OFFICEASED (Type or print) HNNA E. BO	DESSER DEATH 2 6 1967
5	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
4	emake white widowed in DIVORCED in	11 26 70 Clast birthdoy) Months Days Haurs Min
_		11-20- /7 87 Yrs
	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State or foreign cauntry) 12 CITIZEN OF WHAT
aut	ing most of working life, even fretzed) INDUSTRY	Baltmure, mid COUNTRY? 45A
12	HOUSE WALE	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	[BOESSER	INKNOUIN
15		INFORMANT Address
	1 1/6/	
	as, nd. or Linkhawn) in yes give war or dates at service 12/5_10_3802 RC	oger 1-Bollman Box 2 by, l'ascelons, hid
	18. CAUSE OF DEATH (Enter on y one couse per line for (o), Jb), and (c))	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) LEFT COURT CORE	Menmonia Dacing
	4221 DUE TO 1	
	Candit ans, if any, which gave) (b) (DUSING WE Klean	1 6 Bus.
	rise to immediate couse (a)	c januara java
	stating the underlying cause DUE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	lost (1) HVt Schen Caruly	o cos disease years!
*	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COMUNION GIVEN IN PART I(0) PERFORMED?
H	Olabete, mellins: Cysta bylilis	Semility. YES NO 1
CERTIFICATION	11-1-1-1	(Enter nature of injuty in Port I or Part II af item 18.)
E	OR CONTRIBUTING CLOSE OF DEATH	terrer reside of repost in Fort to Full it at them 10.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, farm, 20f (City ar tawn) (Caunty) (State)
MEDICAL	Hour'a m. While - Not While - fact	lary, street, affice bldg., etc)
AC.	p.m. 19 atwark L atwark L	
	21. I certify that (1) (this hospital) attended the deceased from	Dec. 15 , 1966, to F. 6 , 1967, that (1) (we) las
		t death accurred at 9, 201M, from causes and an the date stated above
	The december of the second sec	
	22g) SIGNATURE	ATTENDING MED STAFF 22b DATE S GNED
	1868 1- 1 CILOUND MI	
	22c PHYSICIAN'S 1	22d ADDRESS
	NAME (Type) PETERE, VERKOUW	1407 FOREST DR. HNNAPOLIS ML.
		1. 10 1. Orco. or mining ous, Me.
23	BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
10	PRIAC 2/9/1967 MORELAND 1	AAA BYAAAA
12		TEMORIAL JUALIO MAKYGAND
2	FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
	EDED CONEDAY HAME EDIT EDMAND CANT A.	175 NIII CER O 1003





TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the death certain be executed thin 24 hours after death. Page 4 (1) be retained by the hospital or attending physician.

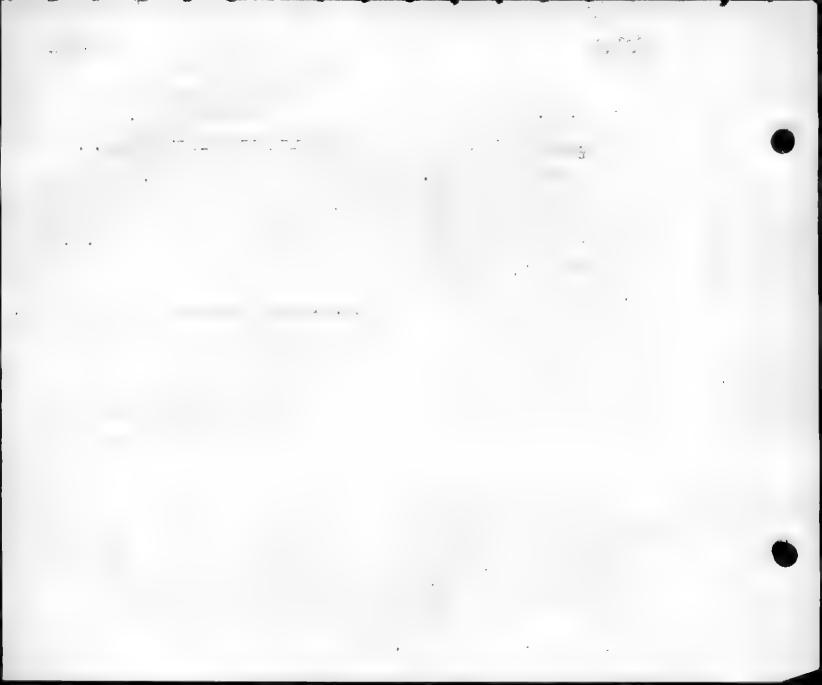
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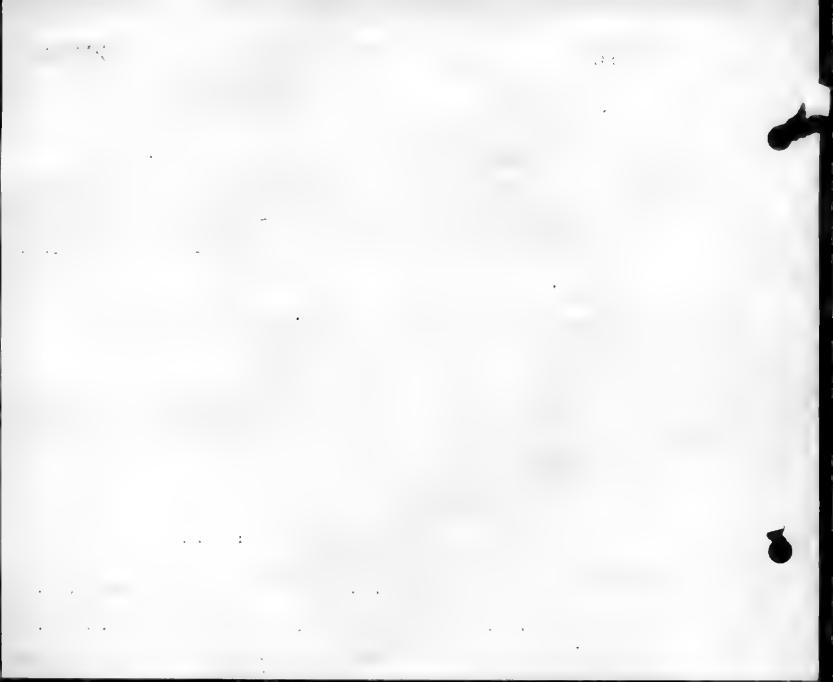
MAR	LAND STATE DE	PARTMINT OF HEA	LTH	
DIVISION OF STATISTICAL RESEA	ARCH AND RECORDS	, 301 W. PRESTON STRE	ET, BALTIMORE 1, A	AARYLAND
01623	CERTIFICAT	E OF DEATH	(11620
b. CITY OR TOWN (if outside corporate lights, white RJRAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	MARYLAND c LENGTH OF STAY IN 1b sitel, give street address)	2. USUAL RESIDENCE (Whare a. STATE c. CITY OR TOWN (if owiside co	b. COUNTY	116E'-
S. SEX COLOR OR RACE 7. MARRIED WIDOWEE		DATE OF BIRTH	9. AGE (In years IF UNDER 1	Dey Year 19 Veer 19 Ve
Oe. USUA OCCUPATION (Give kind of work dope buring most of working life, even if retired) A Company of the com	ND OF BUSINESS OR INDUSTRY WORLD	11. BIRTHPLACE County & State 14. MOTHER'S MAIDEN NAME VEORMANT		ZEN ON WHAT COUNTRY?
18. CAUSE OF DEATH [Enter only one cause per la PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne for (a), (b), end (c)]	Pfladder		INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	I REMATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(e) 19 WAS AUTOPSY
200 ACCIDENT WAS UNDERLYING 200. DESCO	beter mel	Kenter nature of injury in Pert I or Pert	lil of tem 18]	YES NO
Hour a.m. While pm. 19 at work	Not While factor	street, office bldg., etc.)	(Cour	
21. I certify that (I) (this hospital) attended to the deceased alive of 222 statistics of 222 statistics of 222 NAME (Type Willard F. S.	utto MD m.	death occured at 2P.M., from the death occurred at 2P.M., from the de	on the causes and on the phys. Side, Ma	he date stated above, 22b/DATE SIGNED
BURIAL CREMATION, 236 DATE THEREOF BEMOVAL ISpecify 4 FUNERAL DIRECTOR'S SIGNATURE W. C.	23c. NAME OF CEMETERY CO. ADDRESS H: WM	taven h	ISTRAR 256. REGISTRARS S	Mac



	DIVISIO	N OF STATIST	ICAL RESE			5, 301 W. PRESTO		T, BALTIMO	RE 1, MAF	YLAND				
	01624			CERTIFI	CAT	E OF DEATH			01	PSI	4			
	L. PLACE OF DEAT	TH .				2. USUAL RESIDENC	E (Where dec			ence before	admission)			
Ш	"Ayrie A	rundel Cour	ıty	Blany	Maryland b. County Arundel									
~	b. CITY OR TOV	VN (if outside corpor	ate limits.	I c. LENGTH OF STAY	LAND Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town								
	Glen Burr													
-				ospital, give street a	Box 237, Elkridge 27, Md.									
				iosbirai! Risa stiest a	d. STREET ADDRESS 8. IS RESIDENCE ON A FARM?									
١.	NOT CIT	Arnudel-Hos	spriat		Hospital Janve Lien Burne, M.D. YES NOK									
1	B. NAME OF DECEASED		First	Middle		Last	4. DATE	Month		-	ear			
	(Type or print)	Frank		M. Bucha	man		OF DEATH	Feb.	14	19	67			
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D	8. DATE OF BIRTH	9.	AGE (In years last birthday)						
ш	M	White	WIDOWED	DIVORCE	D	8-30-24		42 yrs.	Months Day	s Hour	s Min.			
3	Oa. USUAL OCCUPA	TION (Give kind of wor	kdone 1Db. I	CIND OF BUSINESS OF	3	11. BIRTHPLACE (C	ounty & State,) 12. CITIZ	EN OF WHA	41			
9	Construct	king life, even if retir sion Forema	ed)	NDUSTRY		Alabama			COUN	rry.				
	13. FATHER'S NAM					Alabama	EN NAME							
Т		Frank M.	Bucha	inan			nknown							
-	15 WAS DECEASED	EVER IN U.S. ARMED		SOCIAL SECURITY NO	1 1 2 2	INFORMANT		8 4 4						
	(Yes, no, or unkown)	(If yes give war or dates	of service)	. SUCIAL SECURITY NO				Addres	412					
	Yes	WW II			Mrs	.Lorraine B	uchanar	n-Box 23]						
1				line for (a), (b), and (d	c).]				13	NSET AND	DEATH			
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) Carcinoma of the Pancier										10			
	/⊅ /X DUE TO													
	Conditions, If any, which) (b)													
	gave rise to immediate													
Н	underhale equal late													
30	PART II. OTHER	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 139. WAS AUTOPSY												
1 3	X.									PERFO	RMED?			
Aceticies to	20a. ACCIDENT	WAS UNDERLYING	1 20b.	DESCRIBE HOW INITI	RY OCCI	PRRED. (Enter nature of	Inlury In Pa	ort I or Part II o	[100 105	110			
8	OR CONTRIBUT	ING CAUSE OF DE	ATH		0000	MILEOI (ENTOT HOLDIO OI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 100111 2017					
				MUIDI COMUNDED IN	AA - B1 -	45 45 MH 1974	1 001		f0.0		(04=4=)			
TAC STATE	Hour a.	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)												
2	p.	p.m. 19 at work at work												
	21. I certify that (1) (this hospital) attended the deceased from destine 1965 to Febr, 14, 1967, that (1) (wet last													
	saw the de	ceased alive on	February	14 1967, 8	and that	death occurred at/	7:20 M, fro	om the causes	and on the o	late state	d above.			
	22a. SIGNATU	saw the deceased alive on February 14 1967, and that death occurred at 12:20 M, from the causes and on the 22a. SIGNATURE 22b. DAT												
	2	- Modern	1. AV	inle	M.D	ATTENDING N	MED. DIRECTOR	STAFF PHYS.	Februar	14	1967			
	22c. PHYSICI NAME (1	umai E 2	V	- 0 .		22d. ADDRESS		, ,						
Ш	MAINE (1	E. Kode	rick.	ShipLey		1329 CAM	n Nead	eRd, Lin	Thecon	- Hels	NA			
2	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d DIOCATION (Cuty, town or county) REMOVAL (Specify) Burial 2-17-67 Meadowridge Memorial Park Howard County, Md.													
3	Buria I	2-17-	67	Meadowrid	lge M	lemorial Par		ard Coun						
H.	24. FUNERAL DIR			ADDRESS	0 - 2.		'D BY REGIS		GISTRAR'S S	GNATURE				
H	loward H.	Hubbard-41	07 Wilk	ens Ave. 2	1229		70 17	1007	Milliand	es Ju	der			
						DATE	4 4 4	1401_/	7	1	0			

VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
01626 CERTIFICATE OF DEATH	01623
a. COUNTY A. A. CO. MARYLAND a. STATE M.D.	ived, If Institution: Residence before admission) b. COUNTY A A Co
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	ilmits, write RURAL and give nearest town) 2//46 o. IS RESIDENCE ON A FARM?
mellersvegly Ming 827 Collonwood	NAME YES NOT
3. NAME OF DECEASED (Type or print) Select B. Mights Last OF DEED OF DEATH 2	Month Pay Year
	In years IFUNDER I YEAR IFUNDER 24 HRS. Irunder 24 HRS. Hours Min. yrs.
10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR during most of working life, even if retired) Houstry Dattempt - Ma	In country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Leny J. Beck Elizabeth Wear	er
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upstown) (If yes give war or dates of service) 16. SOCIAL SECURITYNO. 17. INFORMANT O. J., Durkhault-82.76	Address VI 21146
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toketely & Service Solvente	to Doccaretisae
DUE TO SO DOZIOT SERVICOS	De mordino @
Conditions, If any, which (b)	2.3
cause (a), stating the DUE TO	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 mhould be detached for use as the burial-transit permit. Them-please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat≡ be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

CERTIFICATION MEDICAL 20c.

24.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED While at work Not While at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)

20f. (City or town)

STAFF PHYS.

(County)

(State)

WAS AUTOPSY PERFORMED?

YES [

NO [

p.m. 19 21. I certify that (I) (this hospital) attended the deceased from 19 from the causes and on the date stated above. saw the deceased alive on and that death occurred DATE 22b. SIGNED SIGNATURE

ATTENDING PHYS.

22d

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

Hour a.m.

underlying cause last.

DATE THEREOF

23c. CREMATORY

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

ADDRESS 23d.

MED. DIRECTOR

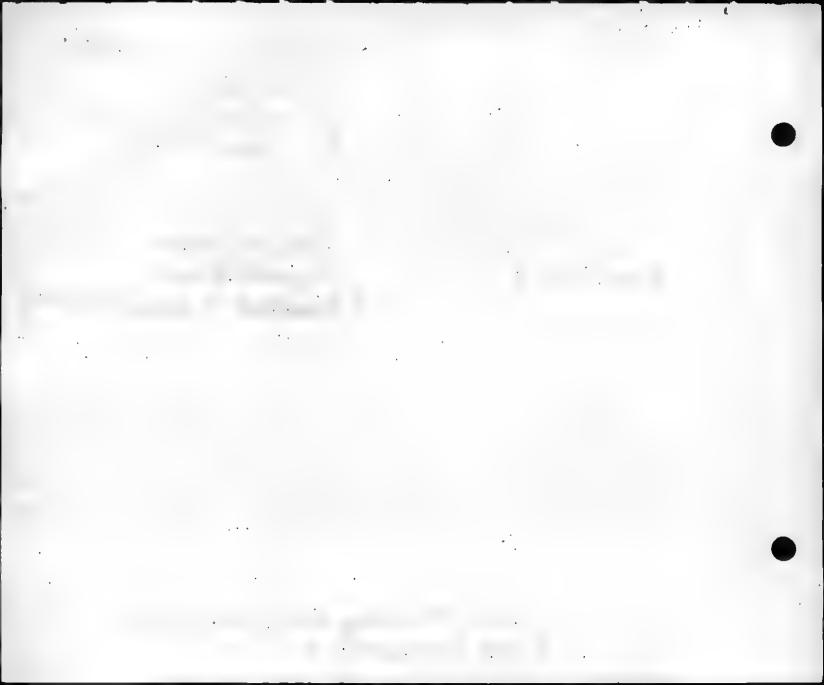
LOCATION (City, town or county)

FUNERAL DIRECTOR

23b.

DATE

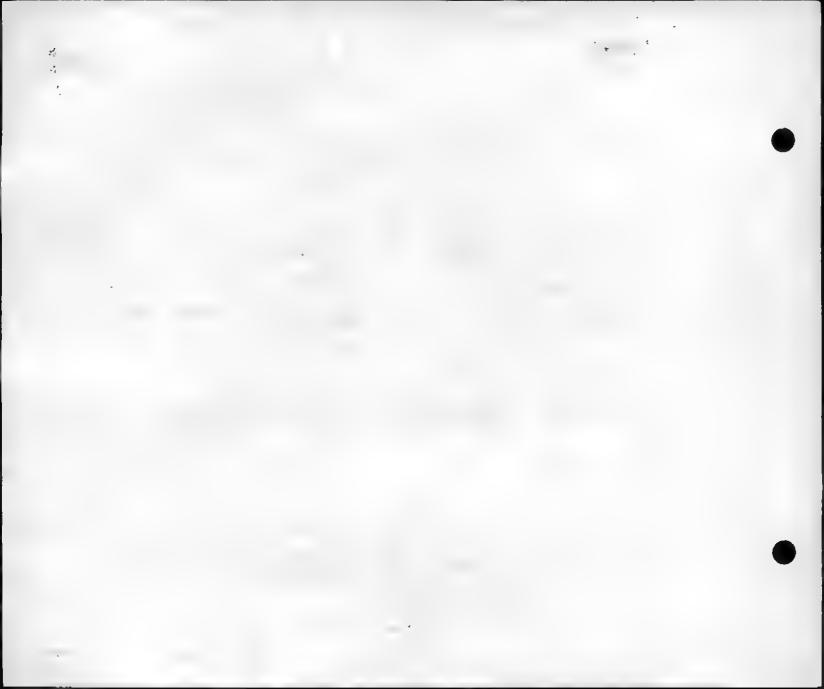
VR AIS 15 (4) 20M



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Z 1.7.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
M		01628 CERTIFICATE OF DEATH
er deoth funeral s 1 and ter deoth	ī	PLACE OF DEATH O STATE OF DEATH O STATE O STATE D. COUNTY H. H. CO.
ours after by the fur Poges 1		b CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) WHE DOUCE
within 24 hours a within 24 hours a boon papers. Pogowithin 72 haurs o	//	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ALDEN LANE e IS RES DENCE ON A FARM? YES \(\sum \no \infty \)
within stely fill mbon p	100	NAME OF DECEASED (Type or print) NAME OF DEATH DOY Year OF DEATH 13 1967
executed withing decompletely functions and any security functions and any security with) 5	SEX 2 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF B.RTH 9 AGE (In years House Widowed Divorced 8-18-1894 Past birthday) yes.
ion and ose repringing	li d	O USUA. OCCUPATION (Give kind of work done ring most of working te, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 112 (IT ZEN OF WHAT COUNTRY? 4.5.4
ertificate be physicion a nen pleose novol, and r	Ī	FATHERS NAME L. PETER CARLSON THE PLANS F. W. S. F. W.
thot the death certificate by in. by the attending physicion transit permit. Then please cremation, or removal, and		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or anknown) (If yes give wor or dates of service) Address ELIZABET + C. TATE #2
ot the the at nsit per		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
quires physici signed suriol-		Conditions, if any, which gave rise to immed ote cause (a). storing the underlying cause DUE TO (b) Caracay autry insuffication of schools are the storing to the storing
The law re or other than the hos been sure os the look.	() Notice	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
L OR ATTENDING PHYSICIAN: The be retained by the hospital or off DIRECTOR: After this certificate hoge 3 should be detached for use ided with the State Dept. of Health	COTTSCISION	206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port II of tem 1B)
IG PHYSIC the hospit or this certification detached ote Dept. of	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 40e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)
TENDIN ned by OR: Afte ould be		21. I certify that (I) (this haspital) attended the deceased fram
		220 SIGNATURE ATTENDING MED. STAFF 22b DATE SIGNED 2 1767
TO HOSPITAL OR ATTENDING Poge 4 may be reta ned by the OF EUNERAL DIRECTOR: After the director, page 3 should be described by the Stote of the OF TOTE of th	/=	220 PHYSICIAN'S TOHU HEDERMAN 220 ADDRESS DE. ANNAPOLIS, MD.
TO HOSPITAL Page 4 may TO FUNERAL director, page should be figured.	19	O BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMAJORY: 23d. LOCAT ON (City of Town) (County) (State) REMAYA (Spath) 2 - 15 - 27 CEDAR BLY 7 F ADDRESS 250. REC'D BY REGISTRAR 1 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	1	ADDRESS ADDRESS DATEFEB 16 1967 Yours Jungsolis, Malo DATEFEB 16 1967 Yourseles Jungsolis
	-	N J



	4	Of COO	OF STATISTICA	L RESEA			s, 301 w. preston street, balti E OF DEATH	MORE 1, M.	ARYLAND	
funera should	1.	PLACE OF DEATH					A TURE TO BEAUTIFUL (1)	- 1	1626	
¥ 50€	1.	ANNE ARUNDEL MARYLAND					2. USUAL RESIDENCE (Where deceased lived, it institution: lesied he bedde admission) a. STATE MARYLAND b. COUNTY ANNE ARUNDEL			
by the and dead		b. CITY OR TOWN (if outside corporate limits, give nearest town)	,	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If outside corporate limits, v	rite RURAL and g	ive nearest town)	
Jin 2		FT GEO G 1			DOA		FT GEO G MEADE			
illed ages		d. NAME OF HOSPI	TAL OR INSTITUTION (II	not in hasp	ottai, g ve street address)		d. STREET ADDRESS		e. IS RESIDENCE	
d with	1	KIMBROUGH	ARMY HOSPIT	'AL			7905-B JENNINGS COURT	1	YES NE	
ecute nplete paper	3.	NAME OF DECEASED	First	-	Middle		Last 4. DATE M.	onth (Dey Year	
V E - 7	1	(Type or print)	KIRBY		DOUGLAS			BRUARY 20	19 67	
and co	5.	SEX	6. COLOR OR RACE	, MARRIEL	NEVER MARRIED	X 8.	DATE OF BIRTH 9. AGE (In ya	M/S IF UNDER 1 YE		
	1	MALE		WIDOWE	DIVORCED [] 1	. NOV 1958 8 ym	- hidilia no	ys Hours Min.	
	10	one during most of wo	ION (Give kind of work orking life, even if retired)	10b, Ki	ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (County & State, or tora gn coun	try) 12. CITIZE	N OF WHAT COUNTRY?	
0 - 2		None		N	'A		GULFPORT, MISS	USA	_	
death ding please	13	. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
and in plant		CALVIN C	CASE, JR.				SHIRLEY A. RICHARDSON			
at the e atte The loval,	15	. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES7 16. 1	SOCIAL SECURITY NO.	17, 31	NFORMANT (father) Add	ress	i	
that the the it.		No	N/A		N/A	Cal	vin Case, Jr. 7905-B Jenr	ings Ct,		
res icial by by erm			EATH [Enter only one o						INTERVAL BETWEEN ONSET AND DEATH	
squi ned nit p			H WAS CAUSED BY, IMMEDIATE CAUSE (a)_	GUN	SHOT WOUND	OF.	CHEST		_ Unknown _	
w y y y y y y y y y y y y y y y y y y y		4116	DUE TO							
o la ndii nal-i		Conditions, if any								
The after bury bury		(a), staling the u	the married way							
T. S.		cause last.) (c)						* ~ 	
NSICIA hospita certifica r use as prior to	CERTIFICATION	PART B. OTHE	ESIGNIFICANT CONDITE	ons <u>con</u>	TRIBUTING TO DEATH B	LI NOI	TRELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 10	PERFORMED?	
or L	TEIC	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	P. (Enter nature of injury in Part I or Part I, of Item 18.		1 5 6	
NG P by th fler thi ched f	ä	(IF EITHER, NOTIFY	CAUSE OF DEATH	Patie	ent shot in	che	st			
DING ed by Affer stache of Heg	₹	20c. TIME OF INJU	JRY Month, Day, Year			e. PLAC	CE OF INJURY (Home, farm, 20f. (City or lown)	(County	(State)	
보 존 유 '	WED .		20 Feb 1967	While at work	Not While	Ious	ry, straet, office bldg., etc.) le	leade Ann	e Arundei	
E S C m d				- Antiene			WAS DOA			
OR ATTEN may be retail DIRECTOR should le c		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				that o	death occurred at 4:20, from the cause	s and on the	dafe stated above.	
O P S S S S S S S S S S S S S S S S S S		SIGNATURE					p.		22b. DATE SIGNED	
PITAL Page 4 ERAL Page with th		Marclo	69. Be	ill	er	M.E	D. PHYS. DIRECTOR PHYS.	x 2	O FEB 67	
PITA Page ERA Page With		22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS			
C Z L T	_	<u> </u>	HAROLD T.F				KIMBROUGH ARMY HOSP, FT			
death. O FU	23	REMOVAL (Specify)	ION, 236. DATE THERE		23c, NAME OF CEME				(State)	
HH		BURTAL		967	PLEASANT GR	OVE				
11B .4B		Haral DIRECTOR	WAde, 550 Wa	sh Ri	ADDRESS	2 7***	25b. REC'D BY REGISTRAR 25b.	REGISTRAR'S SIG	SNATURE CALLED	
VR A15 (4) 20M 5-63	I_	11-1-1-10-10-0-1	mide, JJO na	AII - DI	va, mar of a	-1 J.	DAREB Z 4 MB		0-0	

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DIVISION OF STATISTICA TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 22—should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MESTICE OR ATTENDING MYSICEN: The fam maying that Me death certificals be exempted within 24 Hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALTH	
\L	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH	D.
	CERTIFICATE OF DEATH U162	Z

	OTOGO		0=1(111110/11			03.370
1.	PLACE OF DEATH a. COUNTY	Asundet	MADVIAND	2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution: R	Residence before admission)
المرادو	b. CITY OR TOWN (if outsi		c. LENGTH OF STAY IN 1b	1 2 %	outside corporate limits, write RURAL	
1		INSTITUTION (if not in hos		11	: 16che 1816	e. IS RESIDENCE ON A FARM?
_	1501	26. 1416 Kl	ace Duve	1700000	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	91 , YES NO 8
3.	NAME OF DECEASED (Type or print)	James	Middle C	have e	4. DATE Month OF DEATH FEbruary	10 , 1
5.	male 6. count	WIDOWED	NEVER MARRIED	8. PATE OF BIRTH	9. AGE (in years if UNDER last birthday) 5 yrs.	
1Da dur	a. USUAL OCCUPATION (Give k ring most of working life, ev Letto Mark	ven If fetired)IND	NO OF BUSINESS OR DUSTRY	and hand	ounty & State, or foreign country) 12. Co	OUNTRY?
13.	FATHER'S NAME	and I do	1	14. MOTHER'S MAIDE		02:0,0
	Charles	a Chance		Bert	tha Stary	
	es, no, or unkown) (If yes give	e war or dates of service)	17-09-0541	Mens James	teo cheuce Ba	cadina, Md.
	A8. CAUSE OF DEATH [E		e for (a), (b), and (c).]		1000	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS IMMEDI	CAUSED BY: Care	curusea of	the urn	any bladder	1 year
	t _y	DUE TO	U			
	Conditions, if any, which	ch) (b)				
	gave rise to immediate cause (a), stating the	te (
-	underlying ceuse last.) (c)				
TIO	PART II. OTHER SIGNIFICAN		-	ATED TO THE TERMINAL DI	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA		.7	nexe			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDI OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDI	ERLYING 20b. DE USE OF DEATH ICAL EXAMINER)	ESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or Part II of Item 18.	.)
CAL	20c. TIME OF INJURY M	onth, Day, Year 20d. IN		ACE OF INJURY (Home, far		unty) (State)
MEDICAL	Hour a.m.	19 While at work	-3 NOT WHITE -1	tory, street, office bldg., etc	0.)	
-) (this hospital) attended		Chelles 1 19	105 to Feb / 196	2.2. that (I) (we) last
	saw the deceased al	1/2	7/1 /-/7 /	at death occurred at 2	M. from the causes and on the	
	22a. SIGNATURE	-1 11	•	7	22b. D	DATE SIGNED
	Militar his	Laughten	M	.D. PHYS.	MED. DIRECTOR PHYS. 2/	11/67
	22c. PHYSICIAN'S NAME (Type)	E. R. chauge	lelin	3768 1602	nutaci Ra. Par	cading Mol
23a		23b. DATE THEREOF	230 NAME OF COMETER	Y OR CREMATORY	23d. LOCATION (City, town or con	ounty) (State)
1	REMOVAL (Specify)	2-3-67	F80085	Maleona	/Stoffer	lek.
124	FUNERAL DIRECTOR	2	ADDRESS		C'D SY REGISTRAR 256. REGISTRAR	'S SIGNATURE
X	obest A / X	Enance	Severna !	1 DATE	FEB 3 1967	ante Onde
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01631 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY h COUNTY Page Department of death. MARYLAND C LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, c C+TY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) and RURAL and erve mearest town Severa after d. STREET ADDRESS d NAME OF HOSP TAIL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? 72 haurs farm Item 18. Give Pages 1, State alang with 3 NAME OF DATE DECEASED OF hase w thin 196 (Type or print) DEATH w th t S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 44 HRS MARRIED NEVER MARRIED Months lost birthdoy) WIDOWED X D VORCED event and 2 Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ďΠÿ HOUSE WORK ALM pages 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM Ĕ NKNOWN pub F Je WAS DECEASED EVER NUS ARMED FORCES? INFORMANT Address This cert ficate should be executed the Chief Medical (Yes no, or unknown). (If yes give wor or dates of service) ar remaval "pending" 18. CAUSE OF DEATH (Enter only one couse per ling INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward buria, crematian, DUE TO Conditions, if ony, which gove rise to immediate cause (a), forwarded to DUE TO stating the underlying cause 0 lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, NO pe prior ta should be 200 EXTERNAL CAUSE WAS PR MARY OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of Hem. 18.) 3 shauld AL EXAMINER: MEDICAL agent, 20c T ME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m Not While of work factory, street, office bldg., etc.) While FUNERAL DIRECTOR: Page of work its designated 2) I certify that hook charge of the remains described above, held an Autoosy Inspection Inquiry and in my opinion the funeral director. death resulted from Natural causes Suicide 2 Homicide Undetermined manner Accident be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** may Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 0 REMOVAL (Specify) mial -94 FUNERAL DIRECTOR 2Sb REGISTRAR'S S GNATUR VR A15ME (5)

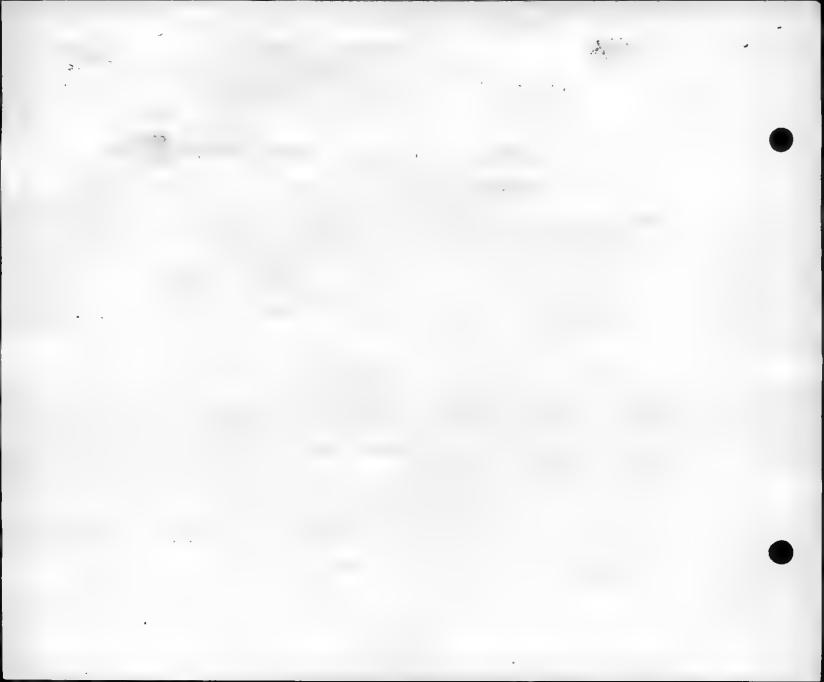
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be axecuted within 24 hours after death ono burial, cremotion, or removal burial-transit os the by the hospital or attending hos this certificate detoched O HOSPITAL OR ATTEND Poge 4 moy be retoined , page 3 should be filed with the DIRECTOR: O FUNERAL director, should be VR A15 [4] 20 M 1/66



	DIVISION OF VITAL R	ECORDS, 301 W. PRESTO	N STREET, BALTIMO	RE, MARYLAND 21201				
	01633	CERTIFICATE	OF DEATH		01630			
	1. PLACE OF DEATH O. COUNTY		- STATE	Where deceased lived, if institution				
	Anne Arundel	MARYLAND	Mar Mar	yland b. COUNT	'Anne Arundel			
	b CITY OR TOWN (if outside corporate imits, write RURAL and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	tside corporate limits, write RURA	AL and give nearest town)	1		
1	Annapolis	2 days		Glen I	Burnie 21061			
[d NAME OF HOSPITAL OR INSTITUTION (If not in hospito), g	give street oddress)	d STREET AODRESS	05 M. St.	e IS RESIDENC ON A FARM	(E		
	Anne Arundel General Hosp	pital	AGARGUXAMINA	AMERICAN AND AND AND AND AND AND AND AND AND A				
	3 NAME OF First	Middle	Lost	4 DATE Month				
	(Type or print)	ANNETTE	COHN	OF DEATH February	16 19 6	7		
	S SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n years	Months Opys Hours /	Min		
	Female White WIDOWED	DIVORCED	October 13,	,1885 81 yrs	monitis poys items i	19119[1		
	100 USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR	11 BIRTHPLACE (County 8	State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
	Housewike A	oustry t Home	Fran	nce	?			
	13. FATHER S NAME		14. MOTHER'S MAIDEN N	IAME				
	Joseph Oppenheimer			te Marmelstein				
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S (Yes, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Daun	.e		
	No U	VKNOWN Mr	. Rudolph Co	ohn, 8 Oak Lan	e. S. W. Glen			
	18 CAUSE OF DEATH (Enter only one couse per ling for PART I. DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (a)	(o), (b), and (c))	na, A	naligna	INTERVAL BETWEE ONSET AND DEAT			
	Conditions, if any, which gove	tw	1, ?	· ·	1-41			
- {	rise to immediate couse (a), (Diff to	170						
	stating the underlying couse (c)	U						
A	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE (ON	OITION GIVEN IN PART 1(a)	19 WAS AUTOPS' PERFORMED? YES NO	1		
	GR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED (Enter nature of injury in F	Port I or Port II of Item 18)				
	20x TIME OF INJURY Month, Ooy, Year While pm. 19 of work	Not While Conforts	CF OF INJURY (Home, form ory, street, office bldg , etc)	. 201 (City or town)	(County) (Stat	16)		
	21. I certify that (I) (this hospital) attend saw the deceased olive on February	led the deceased fram	death accurred of	9 6 70 2 - / C.	nd on the date stated ol			
	220 SIGNATURE M.D PHYS MED STAFF 22b. DATE SIGNED 276-6							
-	NAME (Type) FM S(+1)2	上上	22d. ADDRESS	uppolis	Me 7			
	230 BLRIAL (REMATION, REMOVAL (Specify)	23c NAME OF CEMETERY OR C	REMATORY	Ballenae	(State)		
	24 FUNERAL DIRECTOR 2/17/67	ADDRESS	2So REC D	BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE			
	Sol Levinson & Bros. Inc.	6010 Reisterst	OWN DATE F	2 3 1967 00	Carlo O.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femaly carban papers. Pages, I and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and it any event, within 72 haurs after eleath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar oftending physician. VR A15 (4) . P



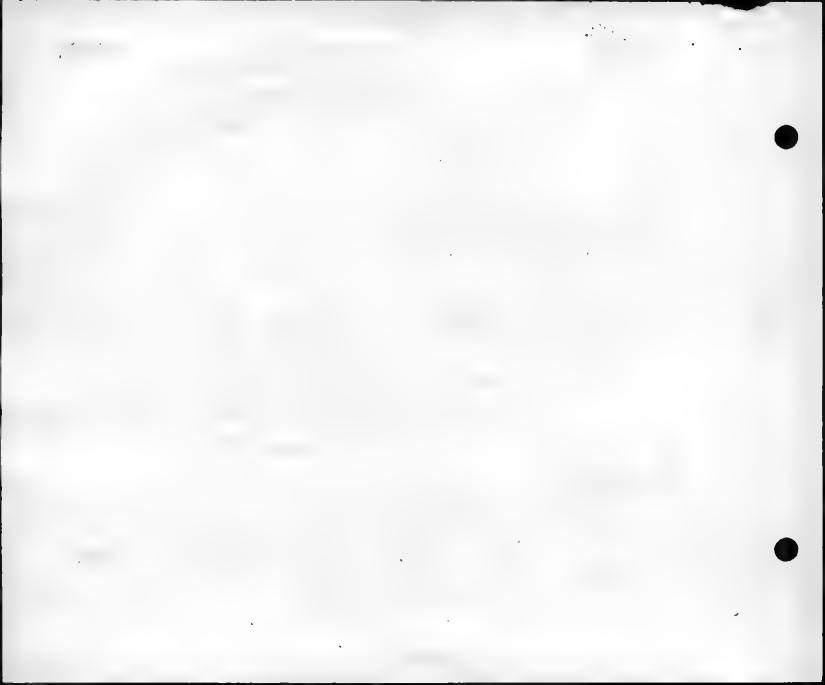
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01634 CERTIFICATE OF DEATH be executed within 24 haurs after death rilled in by the funeral nappers. Pages i and 2 not 2 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Anne Arundel o. COUNTY o STATE Anne Arundel Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSP TAL DR INSTITUT ON (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 12 Maryland Ave.. NOXIX 3. NAME OF First Middle 4 DATE Month DECEASED CONNOLLY 19 67 Patrick February James DEATH (Type or print) 6. COLOR DR RACE F UNDER 1 YEAR IF UNDER 24 HRS S SEX 7 MARRIED **NEVER MARRIED** B. DATE DE BIRTH 9 AGE (in years Months Davs Male White WIDOWED DIVORCED Oct. 10, 1902 100 LSUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS DR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN DE WHAT during most of working life, even if retired) requires that the death certificate Retired - newspaperman Pennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Connolly Catherine V. McDermott 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give war or dotes of service) 5 213-03-2952 Mrs. Audrey Connolly same address as above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) CONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a) DUE TO has been see as the tenth priartal stating the underlying cause PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? detached far us YES 🗔 200 ACC DENT WAS UNDERLYING [20b. DESCRIBE HDW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20a INTURY OCCURRED 20e PLACE OF INJURY (Home, form, (C by or town) foctory, street, office bldg., etc.) **DIRECTOR:** After ta Feb. 8., 19 67 that (1) 1006) last 21. I certify that (1) (thesebosoeted) attended the deceased from and to M, from causes and an the date stated above. saw the deceased alive an Feb. 8 1967, and that death accurred at 220 SIGNATURE **ATTENDING** TO FUNERAL DIRE director, page 3 should be fried w MD 22d ADDRESS 22c. PHYSiCIAN'S O HOSPITAL NAME (Type CITUROLA 121 Cathedral St., Annapolis, Md. 23o. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 2/10/1967 Williamport, Pennsylvania 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REC D BY REGISTRAR VR A15 (4)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01635 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution Residence before admission) PLACE OF DEATH h COUNTY o. COUNTY MARYLAND Anne Arundel Mary land c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Riviera Beach Crownsville 6 days
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A STREET ADDRESS o IS RESIDENCE ON A FARM? NO TX Crownsville State Hospital 1164 Easport Terrance YES 3 NAME OF Middle Last 4 DATE OF DECEASED (Type or print#31,500 DEATH Cooper 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR PACE NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF UNDER 7 MARRIED last birthday) Manths Hours Dovs Male White 3/11/1885 DIVORCED WIDOWED tug USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Plasterer Maryland 14. MOTHER'S MAIDEN NAMI 13. FATHER S NAME Peter Cooper Unknown 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, ng. grunknawn) (If yes give war ar dates of service) 214-03-6903 Hospital Records NTERVAL BETWEEN CAUSE OF DEATH (Enter on y one cause per tine for (a), (b), and (c)) PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause igs1 19. WAS AUTOPS)
PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of unjury in Port I or Port 41 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form, (County) (State) 20d INJURY OCCURRED (Eity or fown) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) Haur a.m. Not While at work 1967 21. I certify that (1) (this haspital) attended the deceased fram 2.19.67, and that death accurred at 12:40M, from causes and on the date stated above. saw the deceased aline an. SIGNATURE DIRECTOR 22d ADDRESS PHYSICIAN'S NAME (Type) Lionel M.D Crownsville State Hospital. Maryland McHenry Mann 230 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) Glen Burnie. BUREMOVAL (Specify) Glen Haven Memorial Pk. 2/20/67 uneral Home/Glen 8096ie, Md. 25g REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

death 24 after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after by the ri Pages papers. Pagi hin 72 haurs a .⊑ complittely S dny and in physician c ar removal, burial, crematian, þ signed be retained by the hospital or attending as the prior ta this certificate State Dept. of O FUNERAL DIRECTOR: director, page 3 shauld be filed v

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01636 by the funeral Pages 1 and 2 aurs after death. PLACE OF DEATH o COUNTY Anne Arundel b CITY OR TOWN (If outside corporate mits. write RURAL and give negrest town) within 3 NAME OF BENJASTN DECEASED event, (Type or print) S SEX 6 COLOR OR RACE Male White in any 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attending blyss permit. Then ple ian, ar remavat, a 13 FATHER'S NAME Joseph Crisp 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service signed by the atter burial-transit permit burial, crematian, a No IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying couse as the prior ta lost. olth CERTIFICATION 20o. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year Hour a.m. shauld vith the saw the deceased alive an. with 22c. SIGNATURE fried director, page should be filed 22c PHYSICIAN'S NAME (Type) 23b DATE THEREOF 230. BURIAL CREMATION REMOVAL (Specify)

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Maryland MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate + mits, write RJRAL and give nearest town) Glen Burnie e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) North Arundle Hospital LO1 Old Annapolis Road YES □ NO □ DATE Lost FRANLLIN DEATH AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 7 MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Hours Dovs July 17. WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) COUNTRY? **INDUSTRY** Baltimore, Maryland 14 MOTHER'S MAIDEN NAME Marguerite Broughon 17 INFORMANT Address 16 SOCIAL SECURITY NO Mrs. Virginia Crisp 401 Old Annapolis Road 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH MINTUC WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO M 20b DESCRIBE HOW UNJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While at work of work 21. I certify that (1) this haspital) attended the deceased from 19 66 ta 19 (that (I) (we) last and that death accurred at 6 h. M. fram causes and on the date stated above. 226. DATE SIGNED DIRECTOR M D PHYS 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (State) 2-28-1967 Oak Lawn Baltimore County, Maryland Buria. ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901-07 Eastern Ave.

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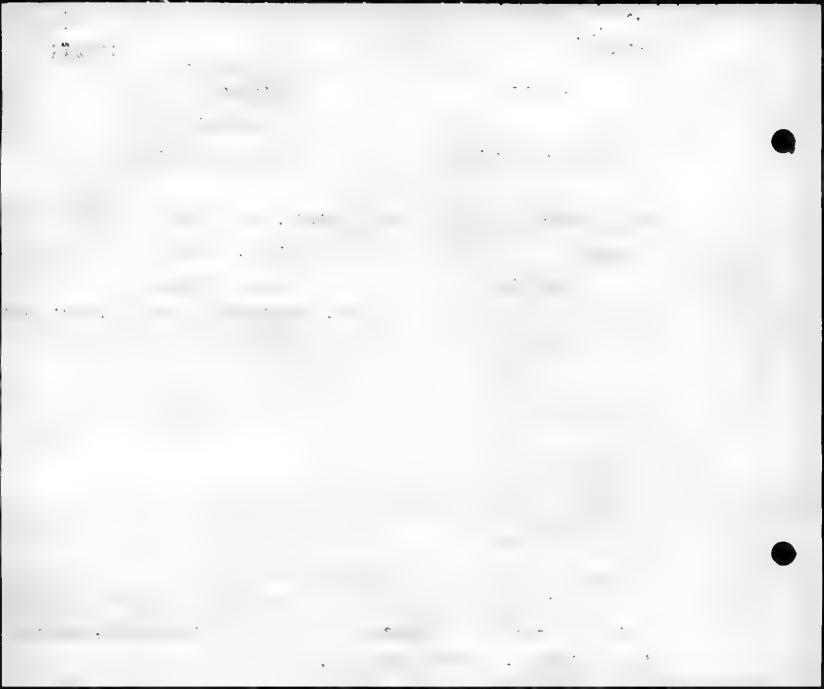
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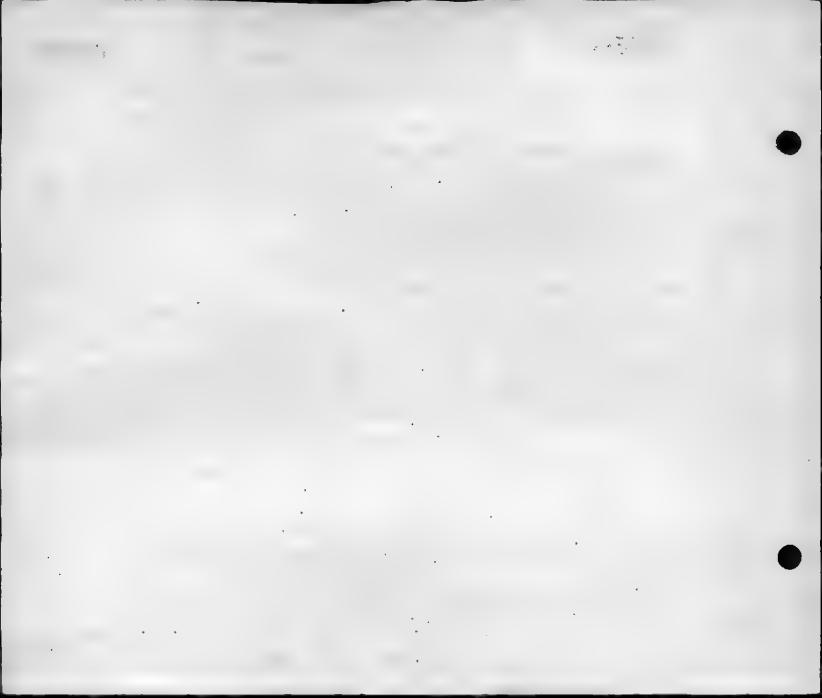
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TO FUNERAL DIRECTOR:

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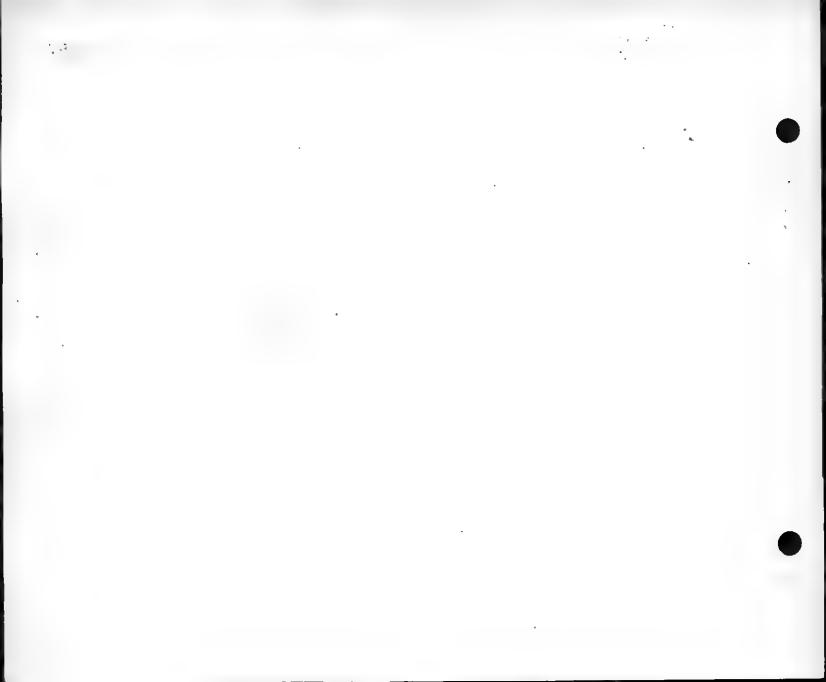
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE	01637 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01634
DEPT.	PLACE OF DEATH O COUNTY O STATE O ST
pertment of after death	b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURA, and give nearest town)
ote Depr	d NAME OF HOSPITAL OR INSTITUTION (+ nat n haspital, give street address) D. C. A. Aure Arandel. Gen. Sulh. Haven- KV. YES NO
12 27	NAME OF DECEASED (Type or prot) Seffrey & Crekhley DEATH 13 1967
₹ ¥	SEX 6 COLOR OR RACE 7 MAKRIED NEVER MARRED B DATE OF B RIV WIDOWED D VORCED 70 - 20 - 6 C 9 AGE (In years let UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
di di	10 USUAL OCCLPATION (Give kind of work done uring most of working life, even if retired) 10 USUAL OCCLPATION (Give kind of work done in the life kind of working life, even if retired) 11 BIRTHPLACE (State or foreign country) Annapolis U.S.
nd in	Rebert Munroe Crutchley Nancy Haskett Crutchley
	S WAS DECEASED EVER IN US ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Mr. Rebert Munroe Crutchley Anna.
÷ 🛱	1B CAUSE OF DEATH (Enter only one couse per I ne for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Constant DEATH ONSELAND DEATH
as o Lunal-trans I, cremot on, or a	Conditions, if ony, which gove nse to immediate cause (o), stoting the underlying cause lost (c)
usell burio	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(0) 19 WAS AUTOPSY PERFORMED?
prior	
d ogent,	20c T ME OF INJURY Month, Doy, Year Hour a.m. 19 20d N.JRY OCCURRED While of work of w
DIRECTOR: P	21 certify that took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinia death resulted from, Valural causes, Accident, Suicide, Hamic de, Undetermined manner
	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
FUNERAL	EXAMINER'S NAME (Type) Address (Street, city, town, or county) 30 BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote)
٦٩ ٠ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١	BUCK Spacety Feb. 1 1967 Hillcrest Cemetery Annapolis, Md. ADDRESS 256 RECD BY REGISTRAR 256 REGISTRAR 256 REGISTRAR 5 SIGNATURE
A15ME (5)	BEALL FUNERAL HOME (1212 West St unna MFEB 16 1967) (Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

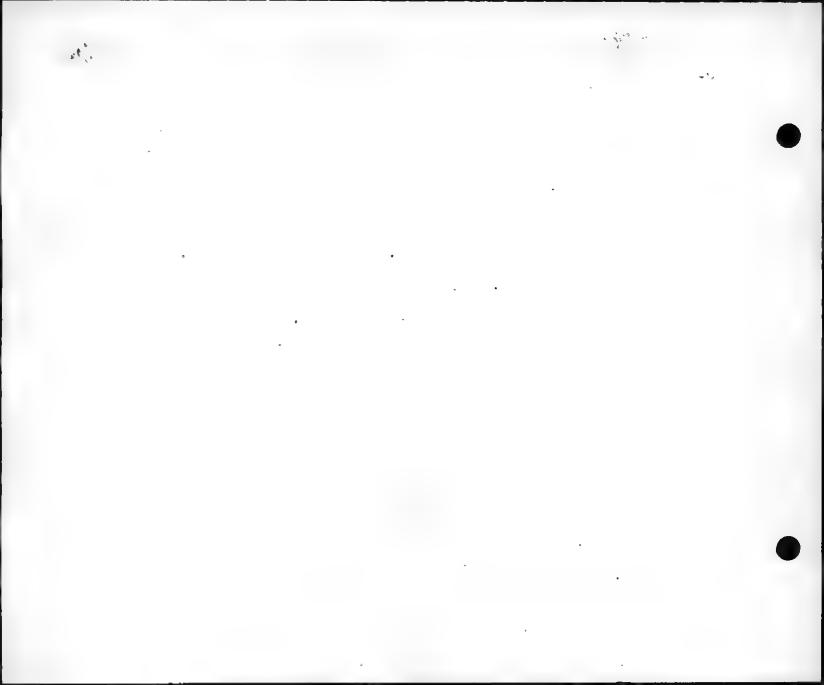
		01639	CERTIFICAT	E OF DEATH	01636
funeral 1 and er deat		PLACE OF DEATH ACOUNTY Arundel	MARYLAND	2. USUAL RESIDENCE (Where deceos o STATE Paryland	ed ived, if institution Residence before born ssion) b COUNTY
Pages vrs aft		OCITY OR TOWN (1 outside corporate write RURAL and give nearest town	e limits, c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corpore Davidsonville	le limits, write RURAL and give nearest town)
filled in b papers. thin 72 ha		Anne Arundel Con	(If not in hospital, give street oddress)	d STREET ADDRESS Four Rivers 9	e is residence ON A FARM? YES NO
	3	NAME OF	First Middle	Lost 4. DATE	Month Doy Year
and completely fill for the control of the control	S :	Type or print) Rob SEX 6 COLOR OR RA Cale white		Daly DEATH 9 8 DATE OF BIRTH 9 May 26, 1909	Get in years IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min
cian and	dur 3.4	USUAL OCCUPATION (Give kind of worling most of working life, even fret red)	INDUSTRY	11 BIRTHPLACE (County & State, or to New Orleans, Lon	
physical phy		FATHER'S NAME Known		(Unknown) Mc Conc	hie
le affending physician t permit. Then please offian, or remaval, and i		WAS DECEASED EVER IN LS ARMED FO s, no, or unknown) (If yes g ye wor or No. 12e		orothy M. Daly Sa	our Rivers Farm vidsorville Karyland
ig priystati in signed by the e burial transi to burial, cremo		1B. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse last		celusion ce Heart Dis	INTERVALABETYCEN ONSET AND BEATH LINE COLLEGE CONTROL COLLEGE
e ha	CERTIFICATION		IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		YES NO 12
		200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINES	H R)	O (Enter noture of injury in Port I or Por	
by the nospi	MEDICAL	20c. TIME OF INJURY Month, Doy, ' Hour o'm. p.m.		ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	(City or town) (County) (Stote)
CTOR: After should be vith the State		saw the deceased alive	an /2 1966, and the	, 1965 , that death accurred at 122A	, fram causes and an the date stated abov
		Leckund &	Hackman	M.D. ATTENDING MED. PHYS DIRECTOR	STAFF 22b. DATE SIGNED 2-126 6-7
⊒ ≪ (□ □ 0 , i		22c PHYSICIAN 6 NAME (Type) Richard	LI. Hochman wi	59 Franklen &	I, Aunzpoles, ruf
ruge 4 m	230	BUR AL, CREMATION, 23b DI REMOVAL (Specify) Marco	ATE THEREOF 230 NAME OF CEMETERY O h 1. 1967 Fort Lincols	n Cemetery Prin	
VR A15 (4) (5)	24.	EUNERAL DIRECTOR G. en Carter arner E. Purphre	y. Inc. Silver Sonna	ig Ave. DATE MAR 3	1967 REGISTRATE SIGNATURE Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Ament certificate be executed within 24 hours after death Done A man he extended by the heaviled at attending a stranging or attending physician



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b COUNTY Page State Department of delay is death. MARYLAND b CITY OR TOWN (If outside corporate i mits, mite RURAL and give negres town), c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY N 16 Weenis Creek . Annapolis d NAME OF HESP TAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? form hours in pencil in Item 18 Give Pages 1, LUCE-Creek- DRIVE YES NO 50 b executed within 24 haurs after death alang with 3. NAME OF Lost 4 DATE Year nt with the 72 DECEASED OF W. DHYIS 19 67 28 (Type or pant) DEATH 9 AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARR ED NEVER MARRIED lost birthdoy) Months Doys WIDOWED DIVORCED Office any eve 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR .1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working I te, even if retired) INDUSTRY COUNTRY? - emp. Baltimore . ISA the Chief Med cal Examiners Roofer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME FIE puo Charles E. Davis Margaret L. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service remaval, 217 - 07 - 6413 Mrs. Ioretta Davis, same as 2 18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Gun 5hot - wows d-This certificate should cremation, Suddon Conditions, if ony, which gove rise to immediate couse (a), be farwarded to **DUE TO** 0 stoting the underlying couse used as burial, c 19 WAS AUTOPS PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? the certificate, NO 🖂 prior ta 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of tem 18) 3 should shauld X I I I ER: CAUSE OF DEATH MEDICAL 5 may be retained far yaur files to FUNERAL DIRECTOR: Page 3 sh Health ar its designated agent, (City or town) (County) (Stote) 20c TIME OF INJURY Month Doy, Year foctory street, office bldg , etc) While While of work of work AACO 41/ 1967 the funeral director Page 21 I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [47] Inquiry 7. and in my apinian Matural couses . Accident . Suicide Homicide death resulted from Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER**³ NAME (Type) Address (Street, city, town, or county) 23o BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) March Burial Essex. 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) Kirkley Funeral Home, Glen Burnie . 141. 6M 1/66

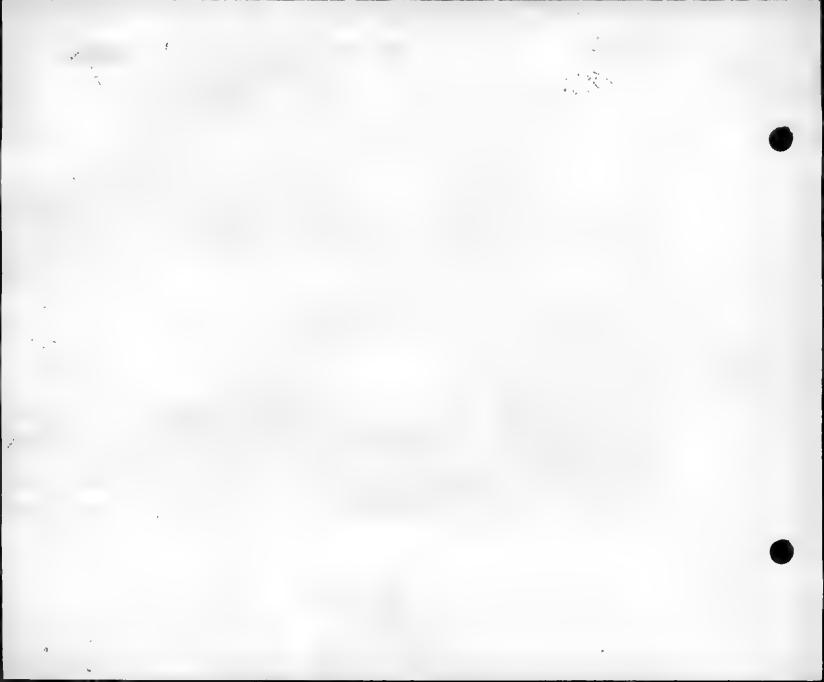


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		01041	CERTIFICATE	OF DEATH		01638
		PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (1 o. STATE	Where deceased lived, if institution b COU	tion: Residence before admission) NTY — A. A.
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn).	C. LENGTH OF STAY IN 16		itside corporate limits, write RU	IRAL ond give neorest town)
	2	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d STREET ADDRESS	1de	1 e IS RESIDENCE
0				d STREET ADDITION		ON A FARM? YES NO D
		NAME OF DECEASED PRYNSE	XAVIER /	DIVIS	4. DATE Mon	ruary 16 1967
	S. :	Male Tilt to	ARRIED NEVER MARRIED DOWED DIVORCED	3-31-94	9 AGE (In years 7 lest hirthdoy) yrs	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work done no most of working life, even if retired)	106. KIND OF BUSINESS OR FINDUSTRY	St Louis	8. State, or foreign country) Mussouri	12 CUTIZEN OF WHAT COUNTRY?
	13.	FATHER'S NÂME		14. MOTHER'S MAIDEN I	NAME	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of servi		MRS Caryl	E. Bittle, Sh	ddyside Md-
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH			
		Conditions, if ony, which gove) (b)	bronany athe	roseleros	lei	year.
		nse to immediate couse (a), stating the underlying couse (c)				
2	ATION	PART I: OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(0)	19 WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 16.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form pry, street, office bldg., etc.)		(County) (State)
		21. I certify that (I) (this haspital) saw the deceased alive an	attended the deceased from 1966, and that	death accurred at	962, ta / 2016 82 P.M., fram causes	, 19 ⁶⁷ , that (I) (we) las and an the date stated above
		220 SIGNATURE	For Smith MD		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED / 7
1		22c PHYSECIANS NAME (Type) Willard	F. Smith, MD	22d. ADDRESS	rady Side,	P.U. "
	230	BURIAL CREMATION, 23b DATE THEREOF PEMOVAL (Specify)	967 Evergreen	REMATORY	Bladeusbur	own) (County) (State)
	73	Erudra dardest	y tracesville 12	2So. REC'I	BY REGISTRAR 255 RI	EGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the flooring director, page 3 should be detached for use as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

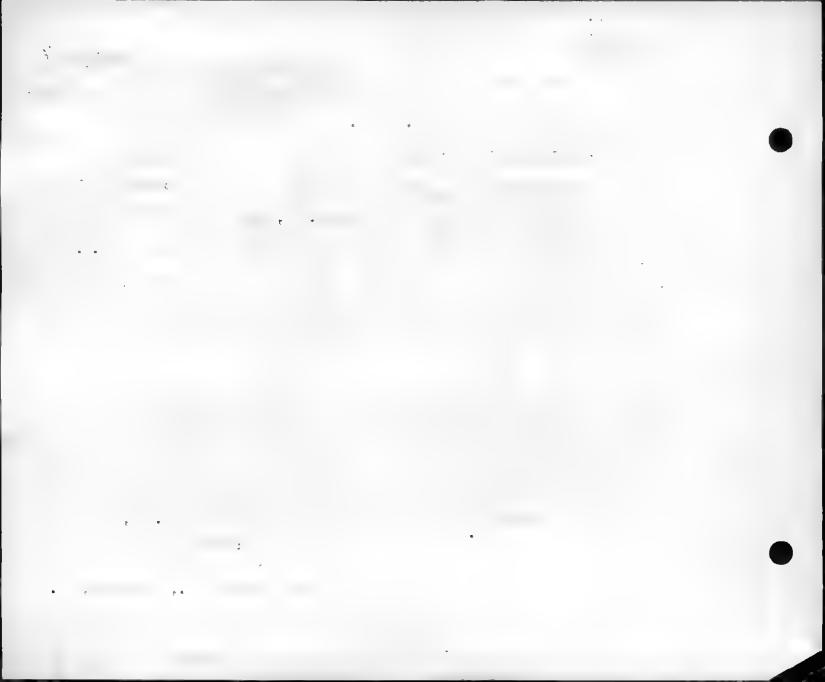
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1		וסונואוט	OF VITAL K	ECORDS, SUI W. P	KESTU	N SIKEEI, BALIIMO	ME, MAKIL	AND 21201		
/		0164	2		CERTIFIC	CATE	OF DEATH			01639	
		PLACE OF DEATH D. COUNTY	Anna Ann				2. USUAL RESIDENCE (V	Where deceased	lived, f instituti b. COUN		e odmission)
			Anne Aru		MARYLA		Mar	ryland		Anne Ar	
		write RURAL one	f outside corporate un d give nearest tawn)	nits,	C. LENGTH OF STAY IN		c CITY OR TOWN (If ou	•		Al and give neares	t town)
	L.	Ann	apolis		1 mo. 15 d	a.		ady Side	B		/
1-7			A. OR INSTITUTION (IF				d. STREET ADDRESS				e S RESIDENCE ON A FARM?
,		Anne Ar	undel Gene	First	pital Middle			4 2475			YES NO NO
		DECEASED (Type or print)	Nebra	ska	(none)		DENNIS	4. DATE OF DEATH	Februa	ry 19	9 1967
	5		6 COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH	- 1/	GE (In years	Months Doys	FUNDER 24 HRS Hours Min
		Male	Negro	WIDOWED			ug. 17, 189	,	pst birthdoy) Yrs		
	100 dur	USUA, OCCUPATION	(G ve kind of work do	ne 106 KI	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County 8			2 CITIZEN OF COUNTRY?	
	1	EATHER'S NAME	ed				14 MOTHER'S MAINTHA		ryland	U.S.	7
	13	ON IN	sand	hos	eussi	0	14. MOTHER'S MAIDEN N	W X	SAU	2011	
			R IN U.S. ARMED FORCE		SOCIAL SECURITY NO		PORMANT)	01.	Addre	2\$ C /	1 4
		Mex"	10,00	1 2	1846332	26	alwar	a hu	unu	Dro She	WELLREG
		AB CAUSE OF DI	EATH (Enter only one of TH WAS CAUSED BY-	ouse per lime for	(a) (b) and (c))				1.		ERVAL BETWEEN SET AND DEATH
,			IMMEDIATE CAU	SE (o) FREE	musica of la	- p 6 s d	a pertong	melo	1.		SET AND DEATH
V		1190		UE TO							
		Conditions, if ony rise to immedial	e couse (o), {	(b) UF TO							
		stating the unde	rlying couse	(c)							
			GNIFICANT CONDITIONS		O DEATH RUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CON	IDIT ON GIVEN II	V PART I(n)	T 19	WAS ALTOPSY
2	CATION	Acres	etail 1	1. Matin	1. 200821	Les	at follow	15-1 014 017111	(((()		PERFORMED?
	A.	20a ACCIDENT WAS	UNDERLYING				Enter nature of injury in 1	Port I or Part II	of 'tem 1B)		· · · · · · · · · · · · · · · · · · ·
	CERT F		CAUSE OF DEATH MEDICAL EXAMINER)			,	. ,		,		
).CAL	20c TIME OF INJU	JRY Month, Doy, Year				F OF INJURY (Home form		ity or fown)	(County)	(State)
	MED	Hour out		9 While	Not While	tocto	ry, street, office bldg , etc)				
		21. I certi	fy that (i) (MICHO	atten	ded the deceased fr	ram	,1	9, ta_	Feb. 1	9, 1967, th	iat (1) (3828) last
		saw the di	eceased alive an	Feb. 1	.919_ 67 , an	nd that	death accurred at.	M, f	ram couses	and an the date	e stated above.
		220. SIGNATURE	1 1				ATTENDING	5:00 PM MED. DIRECTOR	STAFF	22b DATE SIGN	
		DO DUNGISTANIS	· . Or	~		M.D.	PHYS ADDRESS	DIRECTOR	STAFF PHYS	2/201	(6.)
1		22c. PHYSICIAN'S NAME (Type)	19 3	122N			121 Cath	edral S	t., Ann	apolis,	Md.
	230	BURIAL, CREMATA		THEREOF	230 MANE OF CEMEN	ERY OR	REMATORY	230 LOCAT	ION (City of To	wn) * (County) (Stotel
		REMOVAL (Specify	W 1-1-	3-196	W/III	al	rews	SM	ady.	piece	11/100
8	24	FUNERAL DIRECTO	R,	2012	ADDRESS		X 3.7 pl/	BY REGISTRAR		GISTRAR'S 5 GNATUR	
040	1 /	111111	10m	00110-	457 1111111	7/1	M/ nate D	0 / 100	7 10	corles de	4032

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or aftending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	27	1		01643		CERTI	FICATE OF	DEATH		01649
deoth	i ond ter deoth			LACE OF DEATH O COUNTY	nne Arundel	80.81		AT 1 2 A	Where deceased lived, if institution: yland b COUNTY	Residence before odmission) Anne Arundel
of the	ages rs ofte		1	CITY OR TOWN (If out	side comozote limits	c LENGTH OF STAY		-	itside corporate limits, write RURAL	
y th	Pag			write RURAL and give	nearest town)				apolis	0.701
hot in b	S. G		-	Annapol: I. NAME OF HOSPITAL OF	⊾ਲ ₹ INSTRUTION (If not in 1	nospital, give street address)	d Si	TREET ADDRESS	TOTTE	e IS RESIDENCE
24 ed	ope n 77	2 7	A	ne Arunde	el General	Hospital		112	South St	ON A FARM? YES NO AX
within stely fil	rbon p t, withi		3	NAME OF DECEASED Type or print)	first William	(none)	DIL	Last LARD	4 DATE Month OF February	Doy Year
secuted	nove co		5	EX 6 (MARRIED NEVER MARRI		. 22, 189	9. AGE (In years IF	JNDER TYEAR IF UNDER 24 HRS onths Days Hours Min
icote be e sician and	transit permit. Then please remove corbon popers. Pages cremotion, or removol, and in any event, within 72 haurs aft		duri	USUA, OCCUPATION (G'v. ng most of working life, e	ven if retired)	10b. KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (County A.A.C. MOTHER'S MAIDEN	& Stote, or foreign country) Maryland	12 CITIZEN OF WHAT COUNTRY?
ertif	hen		W	illiam Di	llard			Neslie	Johnson	
e death ce	permit. T		IS. (Ye	WAS DECEASED EVER IN (, no, or unknown) (If ye			17. INFORM	AANT	e 22 Cornhil	Anna, Md
requires that the death certificate be executed within 24 hours after death g physician. n signed by the ottenzing physician and completely filled in by the funeral	burial-transit pe burial, cremotioi			PART 1 DEATH W.	AS CAUSED BY IMMEDIATE CAUSE (o) DUE TO th gove } /b)	or line (arty), (b), and (b)	c-V.	s and	as acuelo	7 Clare
aw required by the sign of the	00			rise to immediate coustoting the underlying last.		When	pr	al D	live	
: The last of the has le	use os th a,th prior t	2	ATON	PART II, OTHER SIGNIFI	CANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT R	ELATED TO THE TER	RMINA. DISEASE CON	voltion given in Part 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
spital or ertificate	ned for t, of He		L CERTIFICATION	200 ACCIDENT WAS UND OR CONTRIBUTING ☐ CA (IF EITHER, NOTIFY MEDIC	NUSE OF DEATH	20b DESCRIBE HOW INJURY	OCCURRED (Enter I	noture of alury in	Port I or Part II of Item 18)	
IG FIEV the ho	detoch ite Dep		MEDICAL	20c T ME OF INJURY I Hour o.m. p.m.	Month, Day, Year	20d INJURY OCCURRED While Not While of work of work		NJURY (Home, farmet, office bldg., etc.)		(County) (State)
ned by	the Stot			21. I certify the saw the decea	iat (1) (15) November an sed alive an F	attended the deceased	fram / (th accurred at	9, ta Feb1 M, fram causes and	, 19 <mark>67</mark> , that (I) (cor) last I an the date stated abave.
be retained DIRECTOR: /	e 3 sho ed with			220 SIGNATURE	11	Wes	M D P1	TENDING KX	MED STAFF DIRECTOR PHYS.	226 DATE SIGNED 2-2-67
IPITAL 4 moy b		,		22c. PHYSICIAN'S NAME (Type)	A. T. Allen	, M.D.		2d ADDRESS 2 Cathed	ral St., Annapol	Lis, Md.
TO MOIPITAL Page 4 may	director, should k	6		BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF 2-4-67	Brewer			23d LOCATION (City or Town) Annapolis	A.A.Co Md
VR A1	5 (4)	H		FUNERAL DIRECTOR	222	ADDRESS		DATE B		RAR'S SIGNATURE
25M 1	/6/	8		C.E. Hicks		innapolis. Me	S. C.	DATE -	V 100/ / / / V	Triber Veldez



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: TIM law requirem that tille diath certificate, be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

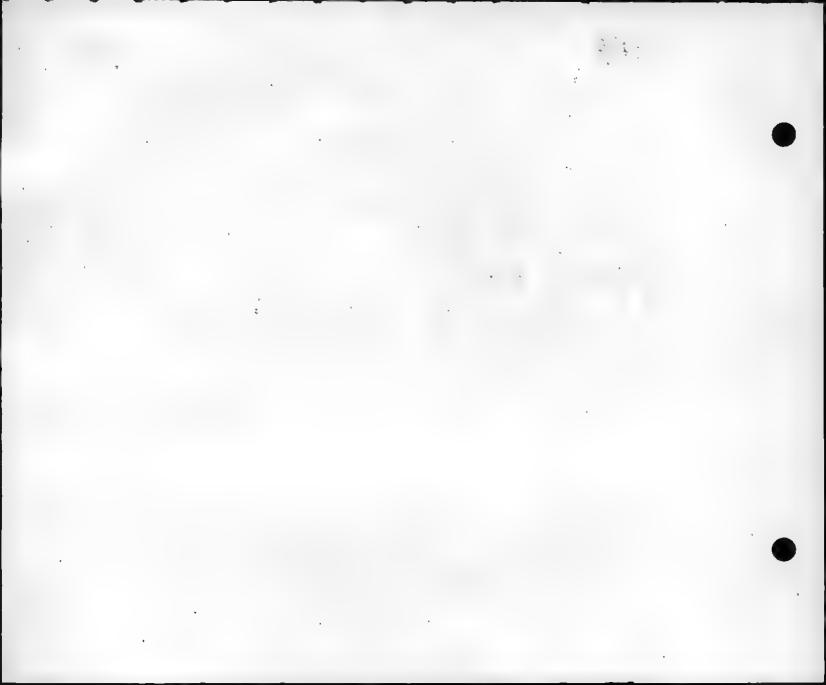
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
_	MARYLAND MARYLAND	MX H-H- 60.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_/	HIKIUCHD 10 years	ARNOLD - RMCHIE HOUY, 02.1
1		d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
7	ED > BY 188 KITCHIE HWY	RAD 2 BOX 188 YES NOW
3.	NAME DF DECEASED // First Middle	Last 4. DATE Month Pay Year
	(Type or print) //HBEL H	DLE7 DEATH 12 - 6 1967
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 FIRS. last birthday) Months Days Hours Min.
E	FEMALE WHITE WIDOWED DIVORCED	6-25-82 Pyrs. Moritus Days Hours Mill.
10a dur	0a. USUAL OCCUPATION (Give kind of work done 10b. XIND OF BUSINESS OR uring mast of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Hansen le la ma	new july Sate Il) A
13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	TRED & HINDS	CARRIE -SHUNDERS,
15 (Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (1) Yes, no, for anyomn) (If yes give war or dates of service)	NFDRMANT Address
	100 - Mu	glorge Journel about.
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: CENTER OF clara	the telest de that onser and bearing
	DUE TO	"
	Cenditions, if any, which (b)	ville-vi
]	gave rise to immediate (cause (a), stating the) DUE TO	
	underlying cause last. (c)	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ICA		YES NO
RTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURF OR CONTRIBUTING CAUSE OF DEATH	RED. (Enter nature of injury in Part I or Part II of Item 18.)
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While factory,	street, office bldg., etc.)
		elmary, 1952, to 7et., 1967, that (1) (we) last
		leath occurred at 11-20 AM, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE SIGNED
	E. Sheep M.D.	ATTENDING XI MED. STAFF PHYS. \(\simeg \) 2 - 8 - 6 7
	22c. PHYSICIAN'S NAME (Type) FUGENE SCHNITZER M.D.	22d. ADDRESS
	EUGENT SCHNITZEK MID.	3909 O, AHNOVER ST. 122/161.435
23a	3a. BURHAT, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, town or county) (State)
2	Cremelyn 18/0/ Lee Cren	relay Whingm D.C.
24.	ADDRESS ADDRESS	FFB 9 1967
1	Cher A. Dariened laverde ! Date	La Volta FED 9 1301 V.

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01645

CERTIFICATE OF DEATH

01642

-		7030			CERTIFICAT	L OF DEATH			Ulbi	14
		PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceos	ed lived, if institution	n: Residence	before admission)
	(o. COUNTY	Anne Arur	nde1	MARYLAND	o. STATE	Carol	b. COUNT	ř	/
	1	b CTY OR TOWN (F	outside corporate ilmit give nearest tawn)	S,	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If			L ond give i	nearest town)
		write RURAL and	give nearest tawn)		9 days	Green	sbore			
			L OR INSTITUTION (IF no	of in hospital (d STREET ADDRESS	12001.0			e IS RESIDENCE
71						TO SHILL ROOKESS				ON_A_FARM?
		Anne Arui	ndel Genera		Middle		T . 2.00			YES NO NO
	- 1	DECEASED		rs†	(Lost	4 DATE OF	Month		Doy Year
	S :	(Type or print)	Lunet		(none)	ERWIN	DEATH	Februa	FUNDER TY	6 19 67 YEAR IF UNDER 24 HRS
	_	_	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (n years lost birthday)		Days Hours Min.
	_	emale	Negro	WIDOWED	44	Nov. 23, 18	385	81 yrs.		
		USHAL OCCUPATION	(Give kind of work done life, even if refeed)		ND OF BUSINESS OR IDUSTRY	IT BIRTHPLACE (Coup)	y & Stote, or for	eign tountry)		ZEN OF WHAT
		relate	cal			1/1/1	dio	Will	[1]	D//+.
	13	FATHER'S NAME	11	! //.	. //	14. MOTHER'S MAIDEN	NAME -	1-11/		6
4	_	Val Mix	2011/1	Mil	letter to	CTILL L	lou	10040	KLA	16.6
- 1			R IN U.S. ARMED FÖRCES? (if yes give wor or dotes o		SOCIAL SECURITY NO. 17	INFORMANT	1.1	Address		220
	(.0		in hea dire tool of dotes	7077.007	1)	anne	1(RU)	na21/1	Ch 7	てんむけんカー
		18. CAUSE OF DE	ATH (Enter only one cou	ise per line for	/(o), (b), and (e))	1,	, /		1	INTERVAL BETWEEN
	- 1	PART I DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(0)	creto	Vurun	an a	Level	In	ONSET AND DEATH
		260X	DUE	1 /	1 0.	. 1 0	1 1	1 1.	2	^
		Condit ons, if ony,		(b) [er	urance.	or chis	was V	anun	1	rese
		nse to immediate stating the under		TO 🕥	1-1	meli	7		- /	
		last.	///3/11/1)	(c) /-	estello (hell	is			
	2	PART II. OTHER SIG	INIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVE	N IN PART I(o)		19 WAS AUTOPSY
,	CERTIFICATION									PERFORMED?
	SE	200 ACCIDENT WAS		20b DE	SCRIBE HOW INJURY OCCURRED	Enter noture of injury in	Port or Port	I II of item 1B)		1
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
	MED,CAL		RY Month, Doy Year	20d H	NJURY OCCURRED 20e P	LACE OF INJURY (Home, for	rm, 20f	(C ty or town)	(Coun	ty) (Stote)
	윷	Hour o.m	1.	While	Not While fo	octory, street, office bldg , et		, ,	,	, ,
		21 1 contif	v that (I) Athirdson	4	ded the deceased fram.	-18-6/	19, to	Feb 6	1067	Z, thet (I) (xxx) us
			ceosed alive on	Feb.	6. 19 67, and th					date stated above
	- 1	220. SIGNATURE	1	200	, , , , , ,	9	55 PM	, 110111 (00000 0)	22b DATE	
- 1		//-	1/0/16	llar	,	AD PHYS.	MED DIRECTOR	STAFF PHYS	2-	7-67
		22c. PHYSICIAN'S	1			22d ADDRESS	DIRECTOR .			- 4
		NAME (Type)	A. T. Al]	len. M.	D.	62 Cathe	edral S	t. Annar	olis.	Md.
ı	230	BURIAL, CREMATIO	N, 23b DATE TH	EREOF	736, NAME OF CEMETERY O			CATION (City or Town		ounty) (State)
	./	REMOVAL (Sperify)	-1-7-11-	1967	13/1/4 177/	F1047	11	ruly	1-17	a Mill.
	-4	TENTERM - D SECTO	S. Shan	17	ADDRESS	1 /250 REG	D BY REGISTR		ISTRAR S SIG	NATURE U.
	إسو	1d. 196	CFI M	15 de	645#1/1	12.16 OH SMILE	FEB 8	1961	F	,

certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should b≡ filed with the State Dept. ■f Health prior to buriol, cremation, or removal, and in any event, within 72 ■ours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deal Page 4 may be retained by the hospital or ottending physician.

> VR A15 (4) 25M 1/67



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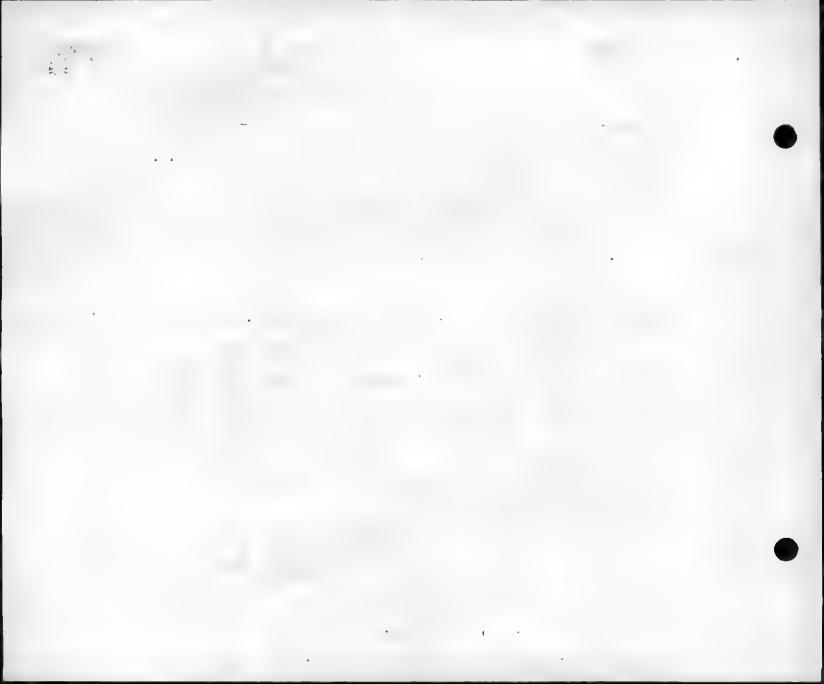
CERTIFICATE OF DEATH

01643

	OTOTA	·							OTO.	30	
	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased			e odmissk	on)
		E ARUNDEL		MARYLANE)	o. STATE MARY	LAND	b. COUNT	ANNE ARU	JNDEI	1
	b. CITY OR TOWN (If outside corporate limits, d give nearest tawn)		c LENGTH OF STAY IN 16		c CITY OR TOWN (If ou		limits, write RURA			
		GLEN BURNIE		35 DA	YS	BAJGAS	L- GLEN	BURNIE		1	
		AL OR INSTITUT ON (If not in	n haspital, g			d STREET ADDRESS	1-1-			e IS RESIG	
	NORTH A	RUNDEL HOSPI	TAL			221	OAK LAN	ES.W.		YES	
	NAME OF DECEASED	First		Middle		Lost	4 DATE OF	Manth	Day	Yes	ar
	(Type or pnnt)	NORMAN		LeRoy		Character	DEATH	EUBBRI) 195	57
	SEX		MARRIED :	NEVER MARRIED] B	DATE OF BIRTH		GE (In yearsast birthdoy)	Months Days	Hours	R 24 HRS.
	MALE	WHITE	WIDOWED	DIVORCED [AUGUST 23.		63 Yrs	monn's buys	(1001)	147107
	USUAL OCCUPATION	(Give kind of work dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or foreig	n country)	12 CITIZEN OF COUNTRY?		
DEPT MANAGER R			ETAIL STORE			TERSEY			USA		
13 FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	Rober	t Frank Est	elle			ott	ie Ree				
5	WAS DECEASED EVE	RINTS ARMED FORCES?	16. 9	SOCIAL SECURITY NO	17 J	NFORMANT		Address			
16	liliti	(If yes give war ar dates of se		6-09-3222	Mn	s. Janet A	Fate	lle (wi	Fe) Same	e as	#2
ī		EATH (Enter only one couse						10 (01		ERVAL BET	IWEEN
	PART I DEA	TH WAS CAUSED BY:	>	At Ventar	4.11	The hart	,			SET AND D	
	1100	IMMEDIATE CAUSE (a) DUE TO		A -	7.07	er Juanopa	0 0		- /-	200	7
	Canditians, if any	ushick enue >	13	te andela	//	1 181001	- 2700	201	1 4	23-	
	rise to immediat	e cause (a),		TUMIN TUE	763	C Gella	100/2			CELE	7
4	stating the unde	riying couse									
1	last) (c)							1	Mark AND	0.0011
5	PART IT OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING	O DEATH BUT NOT RELATED	10 1	he terminal disease (O) •	NDITION GIVEN I	N PAR⊺ I(a)	19.	WAS AUTO PERFORM	ED?
2			IL.	wal Fla	N	ase			Y	ES 📗	NO 🗌
CERTICI	200 ACCIDENT WA		205 DE	SCRIBE HOW INJURY OCCUR	RED (Enter nature of injury in	Port I or Port Ii	of item 1B.)			
		MEDICAL EXAMINER)									
ı		JRY Month, Day, Year	20d 1N	JURY OCCURRED 20e		E OF INJURY (Home, farm		ity or town)	(County)	((State)
	Haur ai	10	While at work		focto	ry, street, affice bidg, etc					
		fy that (1) (this hospit			m_	1/16/67 ,1	9, ta_	2 - 20	2, 19 <u>67</u> th	nat (I) (we) las
I	saw the d	eceased alive an	7.2	3 19 <u>67</u> , and	that	death accurred at	M, 1		nd on the dat		
J	220 SIGNAVORE CA 22b DATE SIGNED										
1	ATTENDING MED OFFICE D STAFF D 2/20/67										
	22c. PHYSICIAN'S					22d ADDRESS					
	NAME (Type	Hilary T. O	Herl	ihy,/M.D.		5 Centra	l Avenu	e, S.W.,	Glen B	urnie	e, Mo
a	BURIAL, CREMATIO		OF .	23c NAME OF CEMETERY	OR C	REMATORY	23d LOCA	ON (City or Tow	i) (County) (5	State)
	REMOVAL (Specify Burial	Feb. 2	4,198	7 Balto. No	ati	onal Cemet		altimor		land	
24	FUNERAL DIRECTO		· 9 20 2/4	ADDRESS			BY REGISTRAR		STRAR'S SIGNATUR		
	Richar	d V. Sinole	ton	Glen Brun:	ie.	Md. DAFEE	23 19	67 100	carley you	And the state of	
				Da UII.)	TO THE PART OF THE	U	U2 //	- V M	7	

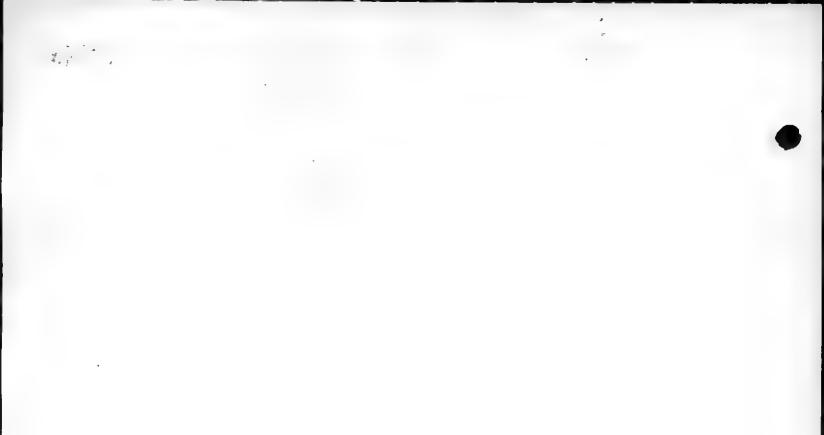
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VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		Division of Significant Research And Receipt of Control
FOR STATE		01647 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01644
HEALTH DEPT.	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission)
S 0 9 4 2		OCOUNTY DO COLO
ay is 3 to Page ant of eath.		C (ITY OR TOWN (If outside corporate limits) C ENGTH OF STAY N 1b C CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
dek and M3 1 trme	1/	write RURAL and/give giftrest town)
PM3 PM3 ortme		innapolis December
S of S		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS d STREET ADDRESS e IS RESIDENCE ON A FARM
ofter death If c.y delay is 8 Give Pages 1, 2, and 3 to along with form PM3 Page with the State Deportment of within 72 hours after death.		D.O.A - HNUE-ARUNDEL. GEN 3-C EMPLEBLERY YES NOX
after death 3 Give Page along with t with the State with n 72 h		NAME OF First Middle Lost 4 DATE Month Day Year
r de ve F g wi g wi		Type or print) Donuel & Chans DEATH - 1 1967
after 8 Giv alang with t	5	SEX O COLOR OR RACE 7 MARR FD 7 NEVER MARRIED 18 DATE OF BIRTH 9 AGE (IN years 1 FUNDER 1 YEAR 1 FUNDER 24 HRS
		W DOWED DIVORCED 12 -15-23 loss birthday) Months Doys Hours Min.
hours tem 1 Office and 2 event	1Do	US_AL OCCUPATION (G ve kind of work done 10b KIND OF BUS NESS OR , 11 B RTHPLACE (Stote or foreign country), 12 CIT.ZEN OF WHAT
with n 24 hours in pencif in Item 18 Exominer's Office of File pages Tond 2 viand in ony event	dur	og mostot working the even if ret red) Conchriction con the St. Lotta U.S.A
n 2 if Ir neriners		FATHERS NAME 14 MOTHERS MAIDEN NAME
with n pencit xomine ile pagi		There Ivers Ivers
d with personal Exor	15	NAC DECENTED THE PARTY CONTROL OF THE PARTY CONTROL
be executed pending in net meaned E	{Ye	s, no, or upsgrown) filtyes give war or dates of service 51 4 12 3737 skirley a Errns Gerns hat met
pend reference execution in the second reference in th		18 CAUSE OF DEATH (Enter only one couse per line for (p) ond (c))
should be e ne word ipen to the Chief buriot-tronsin mation, or rei		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) IMMEDIATE CAUSE (0) ONSET AND DEATH
0 0		DUE TO
should e word o the C ouriof-tr		Conditions, if ony, which gove (b)
bu po		rise to immediate couse (o).
f cate ing 1 ded os 0		lost (c)
s certificate should be writing the word forwarded to the C used as a buriof-tr burial, cremation,		PART III OTHER SIGNIS CANT COND CONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS A TOPSY
	ć	PERFORMED?
	Į.	
- 프	CERTIFICATION	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port Lor Port Lof item 18) PRIMARY OF CONTRIBUTING OF
EXAMINER: ute the cert oge 4 should your files. Poge 3 should ed ogent, pr	8	CAUSE OF DEATH
AMINEI e the ce e 4 shoi our files oge 3 shoi	MEDICAL (2Dc TIME OF INJURY Month, Doy, Year 20d IN. RY OCCURRED 20e PLACE OF INJURY (Home, form, Hour a m. 2Df (City or town) (County) (State)
EXAM ute the sign of the sign	ME	Hour o m. 19 While of work of yorkork of owners and of work of the of th
is the second of		21. I certify that I took charge of the remains described above, held an Autapsy 🔲, Inspection 💾, Inquiry 📑 and in my opinion
To for sino sino		death resulted fram Natural couses Accident , Suicide , Homicide , Undetermined manner
es ig		CHIEF MEDICAL EXAMINER
Mt. pleose direct refame. DIRECT STATEMENT TESTING TES		ACTUAL ACCIONAL AMERICAN EVANIMIED 22. DATE SIGNED
ITY N rry, ple erat d be ret be ret or its		DEDLAY MEDICAL EXCEPTION OF
o DEPUTY MESTAL E		NAME (Type) E. L. W hare of the country and the country are considered and the country are considered and the country and the country are considered and the country
necesso the fun 5 may 70 FUNE Health	23 0	BUR AL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CHARACKY 23d LOCATION (City or Town) (County) (Stote)
5 = 2 = 2 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3		REMOVAL (Specify) Wrial Feb 6, 1967 Arlington National Arlington Virginia
		FUNERAL DIRECTOR ADDRESS 250 REC BY REG STRAR 256 REGISTRAR'S SIGNATURE
VR A15ME (5) 6M 1/66		F. Gasch's Sons Hyattsville, Md.



01648		CERTIFICATE	OF DEATH		01645				
PLACE OF DEATH				Where deceased lived, if institution	Residence befare admission)				
a. COUNTY	Anne Arunde	A MARYLAND	o. STATE Maryl	and b. COUNTY	Anne Arundel				
b CITY OR TOWN (If o	utside carparate limits,	c LENGTH OF STAY IN 16		tside carparate amits, write RURAL	and give nearest town)				
write RURAL and gi	polis	16 days	RURAL - Ed	lgewater	± ,'				
d NAME OF HOSP TAL	OR INSTITUT ON (If not in I	taspital, give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?				
Anne Arunde	1 General Ho	spital	Rt-1, Box	-378C	YES NO 🔀				
NAME OF DECEASED (Type or print)	Laura	Middle Eleanor FA	Lost RRINGTON	4 DATE Month OF February	Doy Year 17 19 67				
S. SEX 6	COLOR OR RACE 7 A	MARRIED X NEVER MARRIED B	DATE OF BIRTH		FUNDER 1 YEAR 1F UNDER 24 HRS				
emale	White w	IDOWED DIVORCED	June 16, 18	198 68 yrs.	Nonths Doys Hours Min.				
To JSJAL OCCUPATION (Guring most of working life	even if retired)	106 KIND OF BUSINESS OR INDUSTRY STATE of Md.	P. Hsburgh,	State or foreign country) Pennsylvania	12 CITIZEN OF WHAT COUNTRY?				
3. FATHER'S NAME			14 MOTHER'S MAIDEN'N						
UNKA	UN KNOWN UN KNOWN								
1S. WAS DECEASED EVER IN (Yes, no, or unknown) (If	I U.S. ARMED FORCES? yes give wor or dotes af serv	(44)	FARRINGTON	Address Edgewater	ν, 9				
1B. CAUSE OF DEAT	H (Enter only one couse pe	r line for (o), (b), and (e).)	11	an no 1	INTERVAL BETWEEN				
PART 1. DEATH	WAS CAUSED BY. IMMEDIATE CAUSE (o)	Ceromberry, l	It mudd	le cerebrelais	ONST (AND REATH_				
	DUE TO	1.1 71.	00	20					
Candit ans, if any, wi	nuse (a) (b)	Certificaction	Carelan	social Wislim					
stoting the underlyi									
lost.) (c) _				To Mark Carre				
PART II OTHER SIGNI	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED?				
	ne / m	elougher to		Zuie	YES NO KO				
200 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED (
20c TIME OF NIURY Hour o.m.	Month, Doy, Year		E OF INJURY (Hame, form ry, street, affice bldg., etc.)		(County) (State)				
21 / Certify	that (I) (diachospical) attended the deceased fram	Feb. 1,	9 67, to Feb. 16	_, 19_67, that (I) (ve) las				
	ased alive an Fet	16 1967, and that	death accurred at	M, fram causes an	d on the date stated above				
226 SIGNATURE	226 SIGNATURE 1:30 AM ATTENDING NO DIRECTOR PHYS 226 DATES GI ATTENDING NO DIRECTOR PHYS 2/17/								
22c. PRYSICIANS NAME (Type) Richard N. Peeler, M.D. 22d. ADDRESS 121 Cathedral St., Annapolis, Mc									
23a BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY .	23d LOCATION (City or Town)	(Caughy) (State)				
REMOVAL (Specify)	2-20-6			GIEN BURNIE	-				
24. FUNERAL DIRECTOR	1 1	ADDRESS	2So REC'D		TRAR'S SIGNATURE				
7 A Harolin	Ing, NWNDA	OLIS. Mel	DATE	B 2 1 1967 RC	contas Judia				

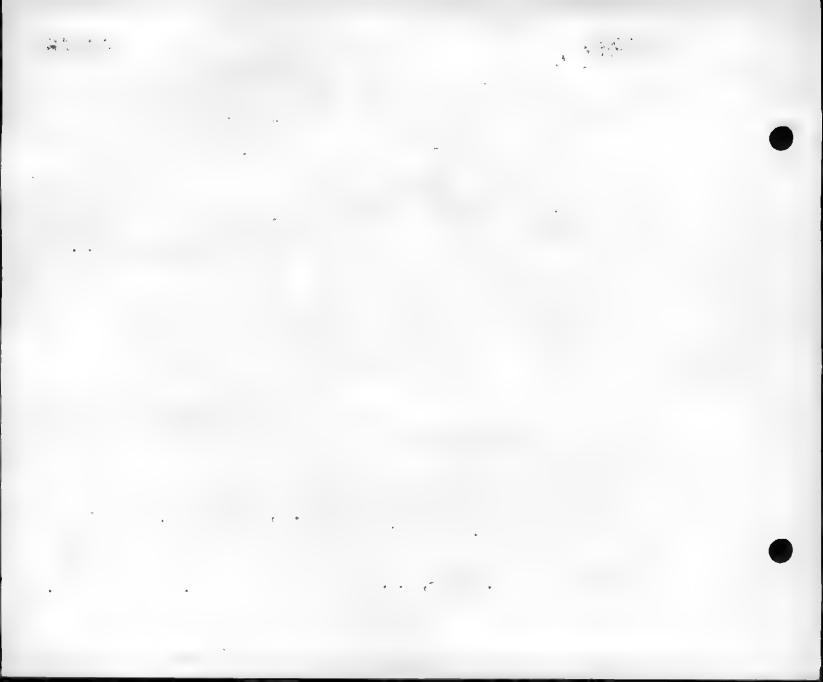
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificated

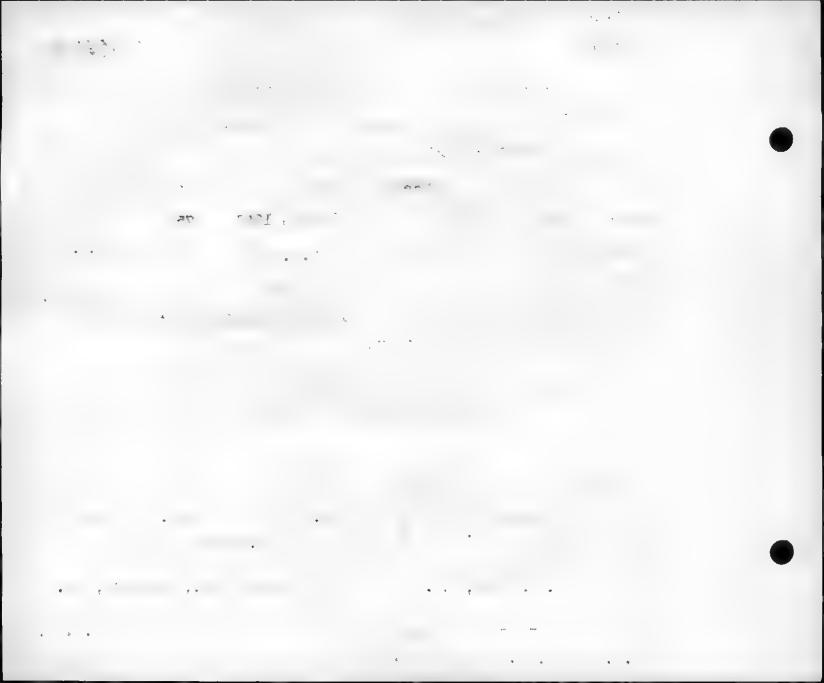
Page 4 may be retained by the haspital or attending physician.

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Deservited within 24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH

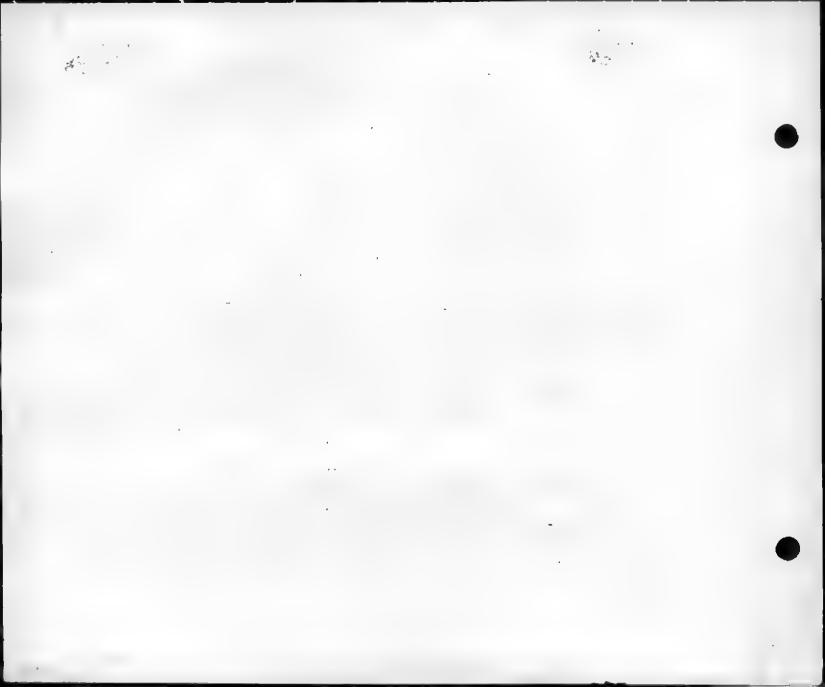


death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death burial, crematian, or remove signed By the burnal transit Page 4 may be retained by the haspital or attending physician. Deen TO FUMERAL DIRECTOR: After this certificate has

20 M 1/661

01650 PLACE OF DEATH San and campletely filled in by the fur ebse remave carban papers. Page's L and in any event, within 72 haurs after b CITY OR TOWN (If outs de corporate limits, C LENGTH OF STAY IN 1b write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS 3. NAME OF First Middle Last 4 DATE DECEASED OF (Type or print) DEATH SEX DATE OF 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** BIRTH DIVORCED KIND OF BUSINESS OR 10a USUAL OCCUPAT ON (Give kind of work done 10b 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) INDUSTRY mar 3,700 OUGERXH 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECFASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO far use as the L f Health priar to b stating the underlying cause THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO. CERTIF, CAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CACAUSE OF DEATH 20b. DESCRIBE HOW INJURY, OCCURRED (Enter nature of injury in Part 1 or Port 11 of item 18.) be detached for State Dept. af H (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year Nat While factory, street, affice bldg, etc.) While at work at work director, page 3 shauld be shauld be filed with the Sta 21. I certify that (1) (this haspital) attended the deceased fram \(\triangle \) saw the deceased alive and that death accurred at 22a SIGNATURE **ATTENDING** 22d ADDRESS 22c. PHYSICIAN'S 23c NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMAT ON, DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR **ADDRESS** RECO BY REGISTRAR VR A15 (4)

2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) **b** COUNTY c. CITY OR TOWN (If outside corporate lignits, write RURAL and give nearest town) e IS RES DENCE ON A FARM? YES X NO Month Doy Year 19 AGE (In years IF JNDER 1 YEAR IF LINDER 24 HRS last b rthany) Months Days Hours 12 CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPS'
PERFORMED? (City or town) (County) (State) JEOM, fram causes and an the date stated above. DATE SIGNED 226. 23d NOCATION (City or Town) (County) (State) 2Sb. REGISTRAR'S SIGNATURI



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01651 CERTIFICATE OF DEATH ond completely filled in by the feerof remove corbon popers. Poges 1 and 2 nofity event, within 72 hours after deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, funstitution Reside a COUNTY **b** COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside carparate limits, write RURAL and give nearest tawn) 24 hours 4 days Annapolis d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Anne Arundel General Hospital NAME OF DECEASED ZGeorge FOX February (Type or print) S SEX B. DATE OF BIRTH AGE (n years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last berthday) Male White WIDOWED 100 USUAL OCCUPATION (Give kind of work den 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) _ UBLIC Maryland 13. FATHER'S NAME burial, cremotion, or removal, IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, ng. ofunknawn) (If yes give war ar dates at service) 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY signed by the c burial-trons t p IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (o). DUE TO ficate hos been s for use os the k f Health prior to b stating the underlying cause PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION 1571775 TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for un 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached is should be filed with the State Dept, of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (Cty or town) Heur o.m. factory, street, office bldg., etc.) at wark at wark 21. 1 certify that (1) this bound attended the deceased fram saw the deceased alive an Feb. 18 19.67, and the , 19 to Feb. 18 , 1967 , that (I) 1898) last 19 67 , and that death accurred at M, fram causes and an the date stated above. 27d O HOSPITAL Edward S. Beck. M.D. NAME (Type) 73 Franklin St., Annapelis, Md. 23a BUR AL, CREMAT ON METHODIST

e. IS RESIDENCE ON A FARM?

19

Hours

INTERVAL BETWEE ONSET AND DEATH

WAS AUTOPS

PERFORMED?

NO

(State)

IF UNDER 24 HRS

18

12 CITIZEN OF WHAT

U.S.

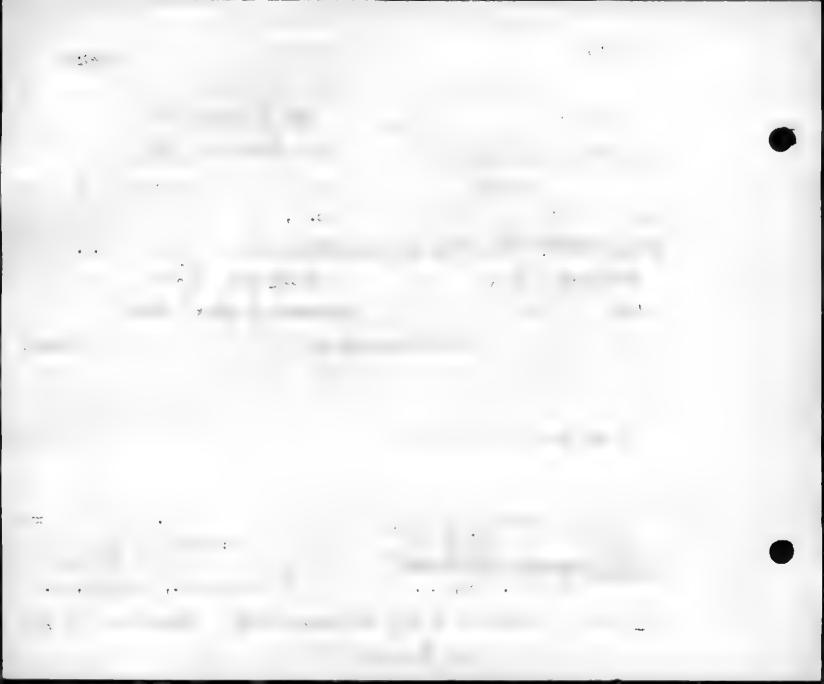
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DATE SIGNED

IF UNDER 1 YEAR

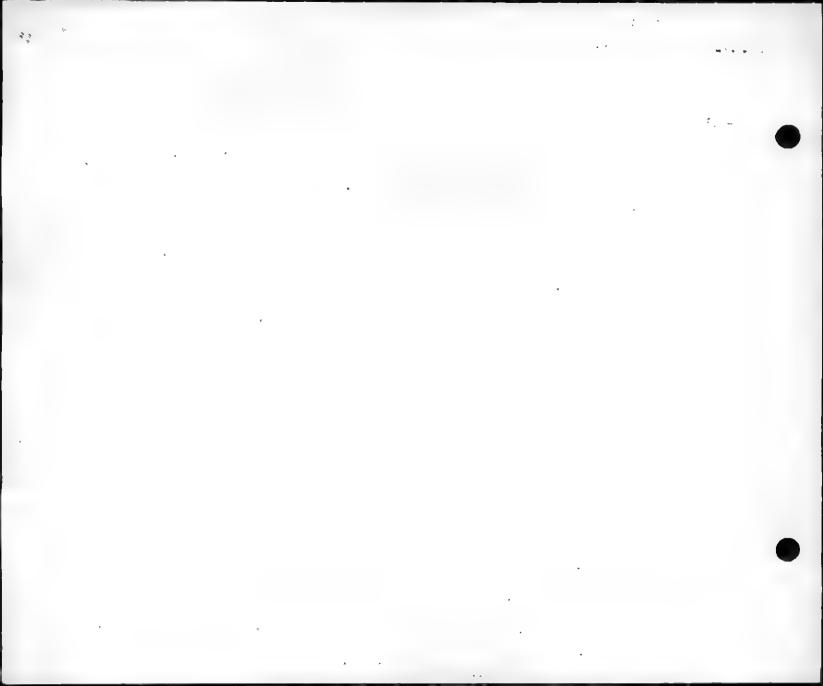
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b COUNTY Page ARCO Department af death. MARY, AND b CITY OR TOWN (If guisside corporate imits CLENGTH OF STAY IN 1b c CTY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give neggest town) -ASA den A d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street addgess) d STREET ADDRESS e S RES DENCE ON A FARM? hours Box 4017-Rt #1 DO A- North- Prondel -State | along with Last Fry 4 DATE n 72 DECEASED 1967 (Type or pant) DEATH WIT: S SEX 8 DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACI AGE (in years F UNDER 1 YEAR lost birthdoy) 52 vrs Months 7-2-14 Haurs W DOWED event 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired)
Accountant COUNTRY? INDUSTRY In any (Gov't) Shippensburg, Pa. USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME mithin. Davis A. Shank E. Group FIE pup Marv 1S WAS DECEASED EVER IN ... S ARMED FORCES?
(Yes, na, ar unknawn) (f yes g ve war ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address the Chief Medical remayal, 174-05-2800 None (Husband) Same as No Kenneth IB. CAUSE OF DEATH (Enter only one cause per interior (a), (b) and (c) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH P IMMEDIATE (AUSE (a) ward certificate should crematian, DUE TO Conditions, if ony, which gave rise ta immediate couse (o), farwarded ta DUE TO stoting the underlying couse last burial, o 19 WAS AUTOPS' PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) prior to NO X 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I ar Part II of tem 18.) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH agent, 20c TIME OF INJURY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or tawn) (State) (County) factory, street, office bldg., etc.) Hour a.m. Nat While 5 may be retained far your TO FUNERAL DIRECTOR: Page Health ar its designated age at wark ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection -Inquiry ond in my opinion funeral director. deoth resulted from Notorol couses , Accident . Suicide , Homicide (Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Address (Street, city fawn, ar caunty) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BJR AL CREMATION REMOVAL (Specify) 1967 Arlington Nat'l. Cem. Fort Mever. Rurial Singleton Funeral Home 250 REC D BY REGISTRAR 25b REGISTRARS S GNATURE 24. FUNERA, DIRECTOR VR A15ME (5) Glen Burnie, Md. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



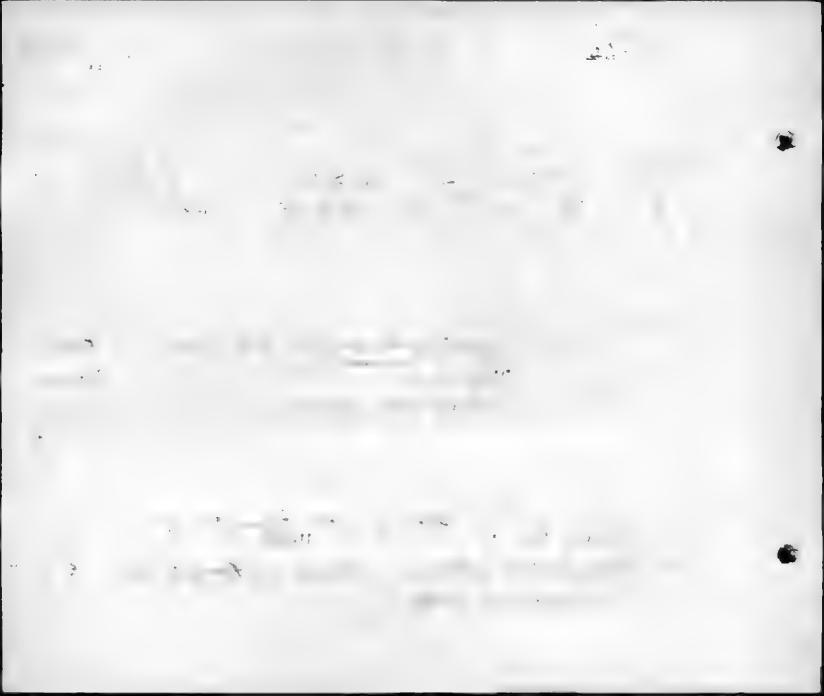
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

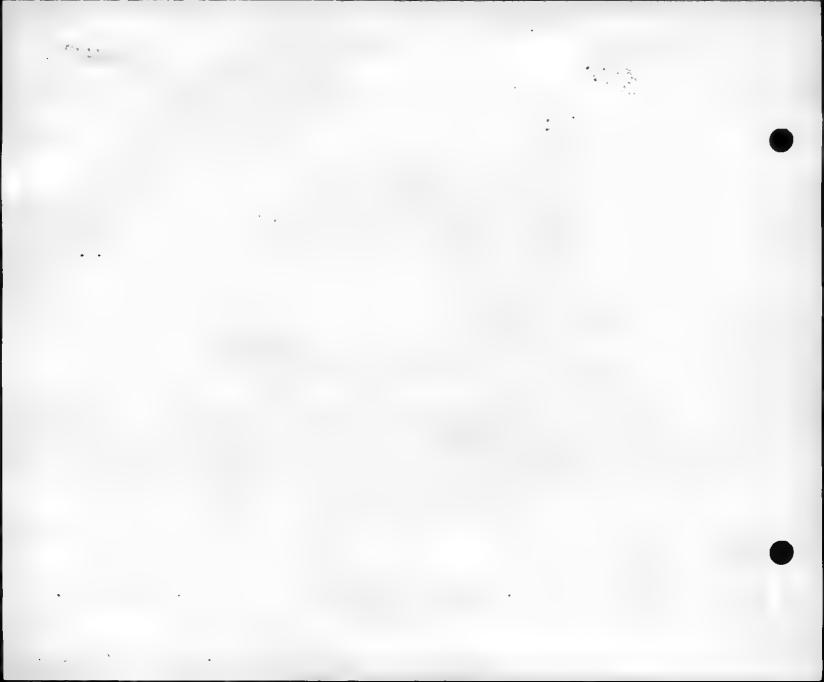
01653 CERTIFICATE OF DEATH

Reg. Dist. No. 01650

D. COUNTY AND ANDEL IN CITY OF TOWN If I southe corporate limits, within the country of the cou	1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution Residence	e before admission)
B. CLITY OR TOWN If counted corporole limits, write CENTRO STAY IN 10 C. CLITY OR TOWN If counter corporole limits, write BURAL and give reserved from) RUPAL AD GOT RESTORMED 18 YRS. CAPE ST. CLAIRE 18 YRS. A NAME OF CONSTRUCTION CAPE ST. CLAIRE 18 YRS. BOX 95 FULLY CAPE ST. CLAIRE 18 YRS. COLOR OF RACE MARRIED 18 OF STAY IN 18 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 95 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 18 FULLY CAPE ST. CLAIRE 18 OF STAY IN 18 BOX 18 FULLY CAPE ST. CLAIRE 18 OF STAY IN		COUNTY ANNE ARUNDEL MARYLAND	o. STATE d. b. COUNTY ANN	E ARUNDEL
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3. AMME OF DECAMENT COLOR OF RACE TO MARRED NEVER MARRIED DATE OF BRITH DECAMEND TO THE PROPERTY OF START TO THE PROPERTY	18		CAPE ST. CLAIRE	** *
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DEEASED (Type or print) 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED DIVORCED PAPEL OF BIRTH P. AGE (In year) Month) Days Hours Month Days Month Days Hours Month Days Hours Days Hours Month Days Hours Month Days Hours Month Days Hours Days Hours Days Hours Month Days Hours Days Hou	13	SX 94 R.F.D#4 -CAPE ST. CHAIRE	BUX 96 K.F.D. #9	
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BAKTINGE, Md. 3.5 AHHER SMANE MICHAEL BARY SK 11.4 MOTHERS MADDEN NAME MARY 13.5 KATHERS MADE MARY 14.4 MOTHERS MADDEN NAME 15.5 WAS DECEASED EVER IN U. S. ARMED FORCESS? 116 SOCIAL SECURITY NO 17.5 WAS DECEASED EVER IN U. S. ARMED FORCESS? 116 SOCIAL SECURITY NO 17.5 WAS DECEASED EVER IN U. S. ARMED FORCESS? 116 SOCIAL SECURITY NO 17.6 INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for [0], [6], gad [c]] PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH [Enter only one course per line for [0], [6], gad [c]] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RETAINED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN		WIDOWED DIVORCED		Days Hours Min
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The constitution 18 years are as does of served 217-46-4623 ALBERT F. GASICR - BEX 96 R.F.D. #4 CAPE ST. CAPE 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
The constitution 18 years are as does of served 217-46-4623 ALBERT F. GASICR - BEX 96 R.F.D. #4 CAPE ST. CAPE 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)		MICHAEL BARYLSKI	MARY	
18. CAUSE OF DEATH [Enter only one cause per line for [o], [b], and [c]] PART I. DEATH WAS CAUSE BY: Careful and accident with fermial onset and DEATH MAN EDIATE CAUSE (o) Conditions, if only, which gove rise to immediate cause (o) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY TEST ON PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY TEST ON PERFORMED? OD ACCIDENT WAS UNDERTYING 1 20th DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item 18] OO ACCIDENT WAS UNDERTYING 1 20th DESCRIBE HOW INJURY OCCURRED, [Enter noture of injury in Port I or Port II of item 18] OO CONTRIBUTING 1 CAUSE OF DEATH II OF INJURY Month, Dory, Yeor 20th INJURY OCCURRED (Enter noture of injury in Port I or Fort II of item 18) OO CONTRIBUTING 1 CAUSE OF DEATH II OF INJURY Month, Dory, Yeor 20th INJURY OCCURRED (Enter noture of injury in Port I or Fort II of item 18) OO CONTRIBUTING 1 CAUSE OF DEATH II OF INJURY Month, DORY, Yeor 20th INJURY OCCURRED (Enter noture of injury in Port I or Fort II of item 18) OO CONTRIBUTING 1 CAUSE OF DEATH II OF INJURY (Home, form, 20th (City or town) (County) (Stote) OO ACCIDENT WAS UNDERTYING 1 ON THE TERMINAL II Last saw the decreased alive on 20th Injury 10 on work 1 on work			INFORMANT Address	. 0.0
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21. I certify that I ottended the deceased from February 1963, to February 20, 1967, that I last saw the deceased alive on February 20, 1967, and that death occurred at 11.50 M, from the causes and an the dote stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ADDRESS (Street, city or town, stote) ADDRESS (Stree		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
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PHYSICIAN'S BON TO AND CR. CAPU 200 BURIAL CREMATION. 226 DATE THEREOF 22C, NAME OF CEMETERY OR CREMATORY BERMOVAL (Specify) 2/3/67 HULY ROSARY CEMETERY BALTIMORE, MARYCANY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
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BREMOVAL (Specify) 2/23/67 HOLY ROSARY CEMETERY BALTIMORE, MARYCANITY 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ANN ST 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ANN ST ANN ST		NAME (Type) Bertrand C. R. GALL		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	220		R CREMATORY 22d LOCATION (City Iown, or county)	(Stote)
Harvo R Welson 715 C. 711 ANN ST		URIAL YS/E7 HOLY ROSAR	Y CEMETERY BALTIMORE, M.	ARICANIT
Terry to Weber 163 SUTH ANN 31 DATE &	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
	_	Decryl & Weber 163 SOTH ANN	DATI L IND.	***



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death death by the funeral Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived of institution Residence before admission o. COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel we carban papers Pages 1 event, within 72 haurs after MARYLAND b CITY OR TOWN (If outside carparate mits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURA, and give nearest fawn)
Annapolis Annapolis filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? 193 Woods Drive YES NO X 3 NAME OF Middle 4. DATE Last Manth carban DECEASED Dorothy Holden GEORGE (Type or pnnt) 19 DEATH 5 SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED n years JOUNDER 1 YEAR lest birthdoy) Months Hours Female July 26, 1922 White WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) signed by the attending physician from burial-transit permit. Then please to burial, crematian, ar remaval, and in during most of working ife, even if retired) COUNTRY? IPR Maryland 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN PART I DEATH WAS CAUSED 8Y ONSET AND DEATH IMMEDIATE CAUSE 2. min. DUE TO Conditions, if any, which gave rse ta immed ate cause (a). DUE TO far use as the t stoting the underlying cause peen last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8 T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/6 WAS AUTOPSY has PERFORMED? NO YES certificate OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (Store) Hour am. While foctory, street, affice bidg , etc.) Not While at wark After at work 21 I certify that (i) (thick contain) attended the deceased from 1962, that (1) (Mak last 19 (5 be retained director, page 3 shauld shauld be filed with the 1966, and that health accurred at 35 M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an_ VS1.26 22a SIGNATURE 22b DATES GNED **ATTENDING** STAFF M.D PHYS DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) Hedeman 1407 Forest Drive. John Annapolis. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, DATE THEREOF (County) (State) ENOVAL (Specify) Sudiersville 24 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67

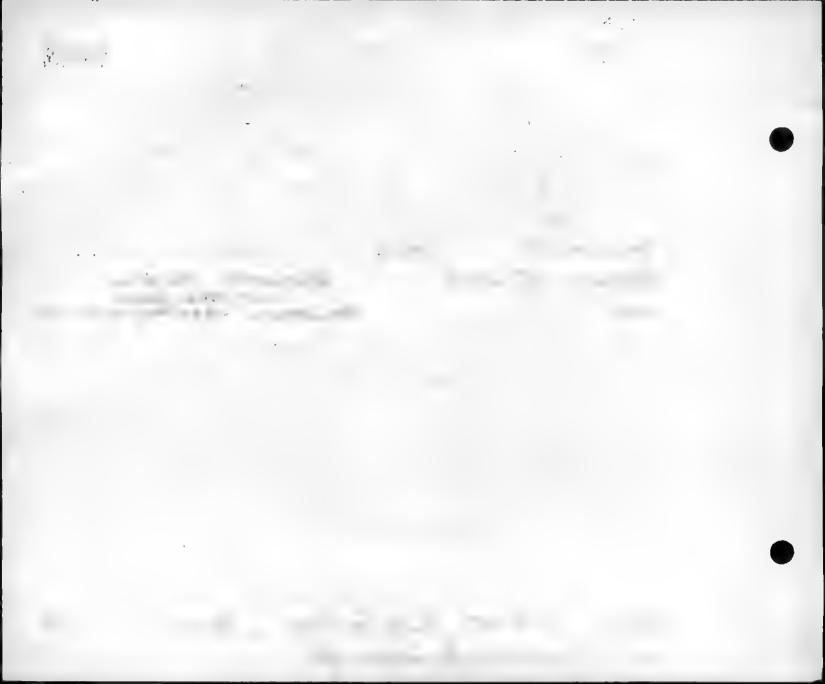


can and campletely filled in by the funeral lease remove carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. 24 hours of certificate be executed the death has use certificate PHYSICIAN: this certif ATTENDING After be retained DIRECTOR: O HOSPITAL

signed by the attending physical burial transit purmit. There of unial, cremation, or remayal, as Meen as the prior tal Bealth r d. Dept. (3 shauld be del director, page 3 shauld be file v TO FUNERAL

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) n COUNTY o. STATE b. COSINTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate mits, write RURAL and give nearest town) write RURAL and give nearest town Edgewater d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Anne Arundel General Hospital 3525 South River Terrace YES NO 3 NAME OF Middle DATE Month DECEASED GERHAB (Type or print) Babette DEATH February 67 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BURTH AGE (In veors F UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Hours WIDOWED Y DIVORCED February 19,1891 Female White 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during mest of working life eyen if retired) INDUSTRY. COUNTRY? HOME Pennsylvania 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME 16 SOCIAL SECURITY NO (Yes, navar unknown) (If yes give wor or dotes of service A.A.Co. Mn 1B. CAUSE OF DEATH (Enter only one couse per line for (9), INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any which gove rise to immediate couse (a), **DUE TO** stating the underlying couse lost. (c) WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO V 200 ACCIDENT WAS JNDERLY NG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJJRY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year ((ty or town) ((county) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work at work I certify that (1) (thus hospital) attended the deceased fram. saw the deceased alive on February 3 67 and that death occurred from causes and on the date stated above. 220. SIGNATURE 22b. OATESIGNE MED M.D PHYS PHYS DIRECTOR 22d 22c PHYS CIAN \$ **ADDRESS** NAME (Type) 230 BURIAL CREMATION LOCATION (City or Town (County) (Stote) FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 196

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

	0.4.0.	CERTIFICATE	OF DEATH	,	
	01656	CERTIFICATE	OF DEATH		01659
	PLACE OF DEATH			Where deceased lived, funstitution b. COUNTY	Residence before odini ssion)
	Anne Arundel	MARYLAND	o. STATE Marvl		nne Arundel
ľ	b. (TY OR TOWN (If autside corparate imits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (f ou	tside corporate limits, write RURAL	
1	write RURAL ond give neorest town) Rural - Baltimore	50 vrs.	Rural	- Baltimore	
	d NAME OF HOSPITAL OR INSTITUTION (If not in	hospito, give street address)	d STREET ADDRESS	The state of the s	e IS RESIDENCE
2	6043 Ritchie Hgwy.		6043	Ritchie Hgwy	ON A FARM? YES NO K
	3 NAME OF First DECEASED	Middle	Lost	4. DATE Month	Day Year
L	(Type of print) FRANK	LIN D.	GREEN	DEATH Febru	
- [S SEX 6 COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	J. DATE OF BIRTH		onths Doys Hours Min
	Male White	WIDOWED DIVORCED J	uly 12, 188	8 78 yrs	
	10a USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CIT.ZEN OF WHAT COUNTRY?
1	Conductor	Railroad	Balti	more. Md.	U.S.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Joshua Green		Mary E	llen DeBow	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no_or unknown) ((If yes give wor or dates of se	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	Yes WW I	Mrs	. Rita Gree	n (same)	
F	18. CAUSE OF DEATH (Enter only one couse p	per line for (a), (b), and (c).)	-0	/ /.	INTERVAL BETWEEN
1	PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o).	Mekantalu	Caranna	u huer hun,	ONSET AND DEATH
1) ' A DUE TO		. [/	17	E. mal
1	Conditions, it only, which gave) (b) Christille of Millions				
1	nse to immediate couse (o).				
1	lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
	200 ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH OF ENTIRE NATION MEDICAL EVALUATION				YES NO
3	200 ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in I	Port I or Port II of Item 18)	
1	20c TIME OF INJURY Month, Day, Year Hour o.m.		E OF INJURY (Home, form		(County) (State)
3	E p.m. 19	While Not While of work of work	ory, street, office bldg., etc.)		
1	21. I certify that (I) (this hospite	al) attended the deceased fram_G	19 Pe 1	957, to del =	, 19 <u>67</u> , that (I) (we) las
1		et 1 19 <u>62,</u> and that	death accurred at	AM, from couses and	
1	22o. SIGNATURE	./	ATTENDING CONT	MED. STAFF	22b. DATE SIGNED
1	enm litely	M.C	D. PHYS. (X.)	DIRECTOR L. PHYS. L.	Feb. 2, 1967
.	22c PHYS CIAN'S NAME (Type) Dr. Benja	min Berdann	22d. ADDRESS	OA Gov Ritchio	Hgwy. Baltimor
3					
	230 BURIAL, CREMATION, 23b DATE THEREC			23d LOCATION (City or Town)	(County) (State)
	Burial 12-4-1957	Holy Cross C	emetery	Ritchie Hgwy.	k A.A.Co. Md.
	George J. Gonce-1001			BY REGISTRAR 256" REGIST	TRAKS SIGNATURE Judge
- 1	George d. Gonce-HUUI	Kitchie Howvbalth	more our	FFR 0 1957	= " TONY CALL YOUR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) o. COUNTY n. STATE b. COUNTY Anne Arundel Anne Arundel vercarbón papers Pages I evegt, within 72 haurs after MARYLAND b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If guitside corporate firmits, write RURAL and give nearest town) write RURAL and give nearest town) RURAL - Annapolis D.O.A. Annapolis d. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress)

AnneArddel General Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARM? NO, 4 DATE First Last DECEASED OF DEATH 19 67 Grever (Type or print) 1F LINDER 24 HRS AGE (n years S SEX R DATE OF BIRTH 6 COLOR OR RACE Jost Withdoy) Months Hours DIVOR CED burral, cremation, ar remaval, and in any 12 CITIZEN OF WHAT Inn IISUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR the death certificate be during most of working the even if relited) physician a COUNTRY? HULL DING 13. FATHER'S WAM 16. SOCIAL SECURITY NO INFORMAN1 (Yes, na, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gave nse to immediate couse (o) DUE TO stating the underlying couse as been a street prior to b WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) has NOCIO this certificate 200 ACCIDENT WAS JNDERLYING I 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d MILRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) ((county) 20c. TIME OF IN. JRY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While at work ot work O FUNERAL DIRECTOR: After 21. I certify that (!) (IRSCHOLLE attended the deceased fram_ Det 21 1967, that (I) (see) last 19.53 to be retained saw the deceased alive an___ 20110 __19.0.7_, and that death accurred at ______M_fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 2/22/67 M D PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL Samuel Borssuck, M.D. Amos Garrett Blvd., Annapolis, Md. NAME (Type) 235 DATE THEREO! 25b REGISTRAR S SIGNATURE **FONERAL DIRECTOR** VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH shalld 01.658 2. USUAL RESIDENCE (Where deceased lived, if institut a. COUNTY **b.** COUNTY by the and 2 death. Anne Arundel Larvland Anne Amindel MARYLAND b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nagrast town) write RURAL and give nearest town? Hanover Life Time Hanover Filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route #2, Box 18 Route #2. Box 18 YES NO 3. NAME OF 4. DATE Middla Month Day pape 72 сотр DECEASED OF (Typa or print) Essie Viola Hamilton DEATH 19 67 and con carbon ut, withir Febru AGE (In years | IF UNDER I YEAR 5 SEX 6. COLOR OR RACE IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED TO NEVER MARRIED T lest birthday) Months 1 event, Frmale Colored Ageust 15. WIDOWED DIVORCED [physician геттоме 10a, USUAL OCCUPATION (Give kind of work 12, CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or fore gr country) done during most of working life, even if ratired) Domostic U.S.A Private Family Severn, maryl nd ding pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Semual Harris Mariah Jamble affen Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Hanovar, rid 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yes, no, or unkown) (Ifyesgivawarordalasofsarvica) 215-16ar. Clarence Ha ilton Route 2 permit. been signed by 18. CAUSE OF DEATH [Enter only one dause per line INTERVAL BETWEEN ONSET AND DEATH Ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) cremation **burial-transit DUE TO** Conditions, if any, which gava rise to immadiata cause DUE TO (a), stating the underlying the causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY use as 0 CERTIFICATION PERFORMED? prior NO for 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this Health DIRECTOR: After many be detached for the OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (County) (State) 2Df. (City or town) 20e. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED ď factory, streat, office bldgs, atc.] While Not While Hour a.m. at work at work D. m 21. I certify that (I) (this hospital) attended the deceased from 190 .M. from the causes and on the date stated above, saw the deceased alive on and that death occurred at Co DATE 22b. 22a SIGNATURE SIGNED ATTENDING 1 MED STAFF FUNERAL PHYS. DIRECTOR PHYS. M.D. 22d ADDRESS 22c. PHYSICIAN'S filed v NAME (Typa) 23d. LOCATION (City, town or county) (Stata) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY & FO REMOVAL (Specify) Baltimora Feb 1967 saltimore. Cem 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Herbert L. Nutter 3035 W. North Ave VR A1S [4] 20M S-63

24

within

ina!

physici

affending

HOSPITAL

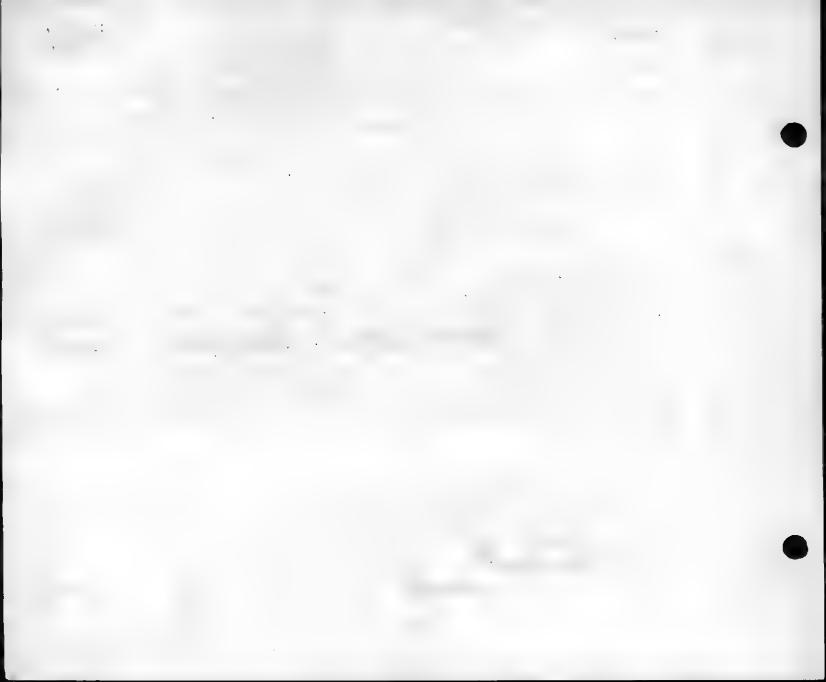


STATE FOR HEALTH DEPT. THE DEPARTMENT REMICAL EXAMINENTHING This mertificate, white the continued within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office alongs with form PM3. Page 5 may be retained for your files. DEUMERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 17 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 01659 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01656

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Besidence before admission)		
MARYLAND	8. STATE b. COUNTY		
b, CLTY OR TOWN (if outside corporate Almits, c. LENGTH DF STAY IN 15	c. Criv OR TOWN (17 outside corporate limits; write RURAL and give nearest town)		
Write RURAL and give nearest town	111111110 Mti2		
d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS.		
1 1 1 1 1 1 1 1 2 2 17 6	I ON A FARM?		
(A) CAR ACCIONA	VES NO		
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year OF		
(Type or print)	ETUCIL DEATH 1961		
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.		
MILLE CO-18 T WIDOWED DIVORCED	11-26-1900 60 yrs.		
IDa/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
during most of working life, ever H retired) INDUSTRY	11/2 (15)cA,		
13. FATHER'S NAME	I THE MOTHER'S MAIDEN NAME		
Xam No In 101.	1216 17t.0046 1: -121 1711		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
(Yes, flg. or unkown) (If yes pire war or dates of service)	the state to a section of		
116	Matelline Colored 1 17 Bull mite		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN OWSET AND DEATH		
PART 1. DEATH WAS CAUSED BY: Un leveroseler	dels geneured the		
7500 DUE TO			
Conditions, if any, which) (b)			
gave rise to immediate			
cause (a), stating the underlying cause last.			
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
TAIL THE TENT OF T	PERFORMED?		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CUMULTION GIVEN IN PART I (a) PERFOR YES 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact Hour a.m. While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)		
p.m. 19 at work at work			
21. I certify that L took charge of the remains described above, he	eld an Autopsy 🔲, 🛘 Inspection 🖳 Inquiry 🗐, and in my opinion		
death resulted from: Natural causes , Accident , Su	ricide , Homicide , Undetermined manner		
	CHIEF MEDICAL EXAMINER		
SIGNATURE Openheuft	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED		
1 / //	DEPUTY MEDICAL EXAMINER		
EXAMINER'S E. LIN BARULT	Address (Street, city, town, or county)		
23a. BURIAL, CREMATION, J. 23b. DATE THEREOF , 23c. NAME OF CEMETER			
PEMOVAL (Specify)	+ 7 Hill > 1 1111 50 14 2. 3/14		
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE		
1111/1/10 make 11 44/1 11)	DATE EB 6 1967 Acharles Judge		
111.1 x xx 60.11. 1. LEOLETT 1 12 6 (11 11)	DATE BO		

VR A15ME 35DD 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01660 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. COUNTY o STATE b. COUNTY Marvland Anne Arundel Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
GIEN BUTNIE Glen Aurnie d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 443 Crain Highway North Arundel Hospital YES NO X 3 NAME OF 4 DATE Middle Lost Year DECEASED ÕF Charles Heim Sr. 19 67 DEATH February (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours DIVORCED Dec. 31,1899 White WIDOWED Male 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Self-Employed COUNTRY? +NDUSTRY Fairfield, Maryland Fual Πil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Grothev John Heir 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown). (If yes give wor or dates of service) Mrs Helen R. Hein Same as # INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO

Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO V 200 ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year Hour om foctory, street, office bidg., etc.) While Not While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram

M.D.

Gedar Hill Cemeterv

23c NAME OF CEMETERY OR CREMATORY

GLEN BURNIE. MO.

ATTENDING

PHYS 22d. ADDRESS

and that death accurred at 4 A.M. fram causes and an the date stated above

DIRECTOR

250. REC'D BY REGISTRAR

DATE

STAFF

PHYS.

23d LOCATION (City or Town)

Arooklyn RFD

226 DATE SIGNED

(County)

25b REGISTRAR'S SIGNATURE

Md

(Stote)

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death attending ph permit Ther s gned by the attending ph burial-transit permit Ther burial, cremation, or remay **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. has been be detached far use as the State Dept. af Health prior ta TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld shauld be filed with the

CERTIFICATION

MEDICAL

funeral

by the f Pages

campletely filled in ove carban papers.

pup

dept

ve carban papers. Pages I event, w.thin 72 hours after

24. FUNERAL DIRECTOR VR A15 (4) R.V. SINCLETON

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

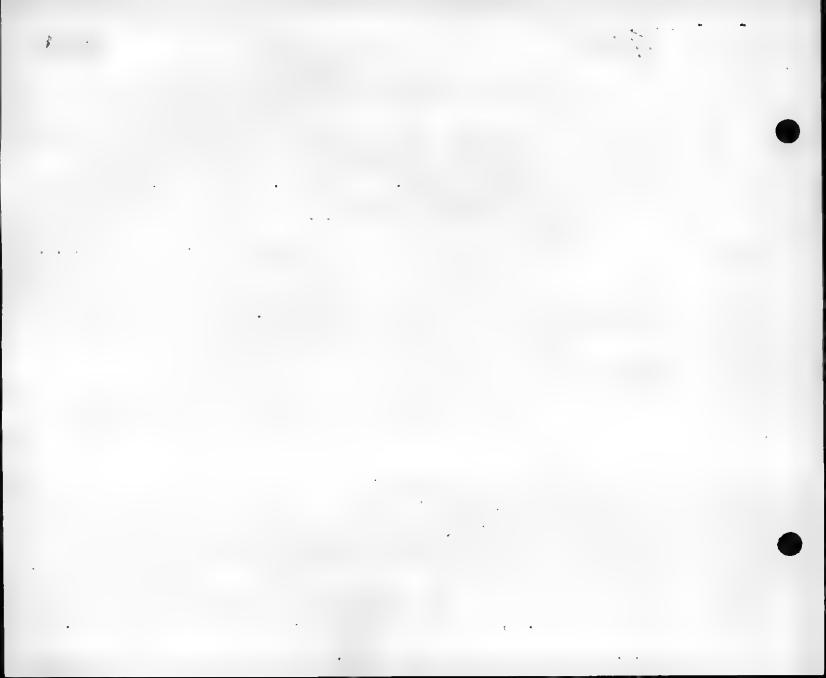
Buria.

230 BURIAL CREMATION

saw the deceased alive an

23b DATE THEREOF

Feb. 6.1967



MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where decresed lived, If institution, Res dence before admiss on) a. COUNTY 6. COUNTY ANNE ARUNDET ARUNDET b. CITY OR TOWN (if outside corporate fimils, c. LENGTH OF STAY IN 15 c. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) . Meade. JESSUP Ft. Geo d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Box 419 Kimbrough Army Hospital 3. NAME OF Middle DATE Month DECEASED OP DEATH (Type or print) DEMEY February 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years Iff UNDER 1 YEAR last birthday) Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work & State, or foreign country) done during most of working life, even if retired) Stanley, Virginia (Ret Carpenter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Ξ, Barbara E. Painter Thomas J. Higgs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17 INFORMANT (Yes, ro, or unkown) Oct 1919-Oct 1922 212-09-1508 Mrs. Lottie L Higgs, Rame as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e., (b), end (c), Corenary Occlusion PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arterioscleratic Heart Disease Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART TIBLE 19. WAS AUTOPSY CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of nurry in Part f or Part H of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Hour e.m. While Not While at work et work 21 I certify that (I) (this hospital) attended the deceased from19. and that death occured at....... M, from the causes and on the date stated above. saw the deceased alive on.... ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS YSICIAN'S filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or county) BURIAL, CREMATION, 236 DATE THEREOF 238 P di Good Shepherd Cemetery, RFD, Allicott City, Maryland

Wash .Blvd .Laurel , Maryland

e. IS RESIDENCE

YES NO IX

FF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

(State)

22b. DATE

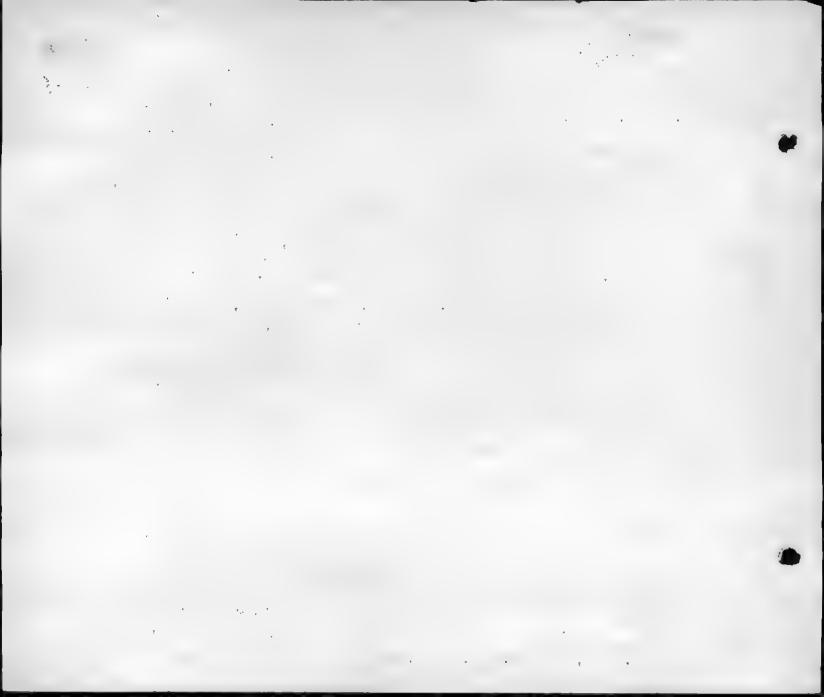
SIGNED

, 1922, that (I) (we) last

USĀ

(County)

ON A FARM?



MARYLAND STATE DEPARTMENT OF HEALTH , PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS. Items 6.9 Film G mh 01662 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1. PLACE OF DEATH o COUNTY o STATE b COUNTY Page partment of death. MARYLAND b. CTY OR TOWN (If autside carparate mits, c LENGTH OF STAY IN 10 c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) pub write PURAL and give nearest town) P.M3 after (Buelo 26 ne BURA Glen burn d STREET ADDRESS e. IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ate De farm YES NO G ve Pages after death WITH 3 NAME OF Middle with the Str within 72 Lost DATE Month Year OF DEATH DECEASED 2 15 (Type or print) W. 19 6 alang IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS 6 COLOR OR RAC MARRIED NEVER MARRIED irthday) Months W DOWED DIVORCED within 24 haurs and 2 event pencil in Items 1 Off ce 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USLAL OCCLPATION (G ve kind of work done during working the even it ret red INDUSTRY COUNTRY? any Exam ner's 13 FATHER S NAME 14 \subseteq ى and Œ WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURTY NO INFORMAN' This cert ficate shauld be executed the Chief Medical (Yes, no, or unknown) [[If yes give wor or dates of service] permit remayal, "pending 18. CAUSE OF DEATH (Enter only one couse per lip burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) please execute the certificate, writing the word burial, crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), ţ, DUE TO 0 stating the underlying couse farwarded lost. OS used 19 WAS AUTOPSY PERFORMED? PART II OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION NO 🔽 P pe should be 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port L of Item 18.) prior 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. agent, MEDICAL 20c. T.ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Stote) 20f (City or fown) (County) Hour o.m. factory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page Page at work ot work designated 21 I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🛶 and in my ap n ar the funeral directar death resulted from Suicide Naturai causes 🖳 Accident Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or I necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) Address (Street, Gty, town, or county) NAME OF CEMETERY OR CREMATOR) LØCATION (City or Town) (County) .BURIAL CREMATION

VR A15ME (5)

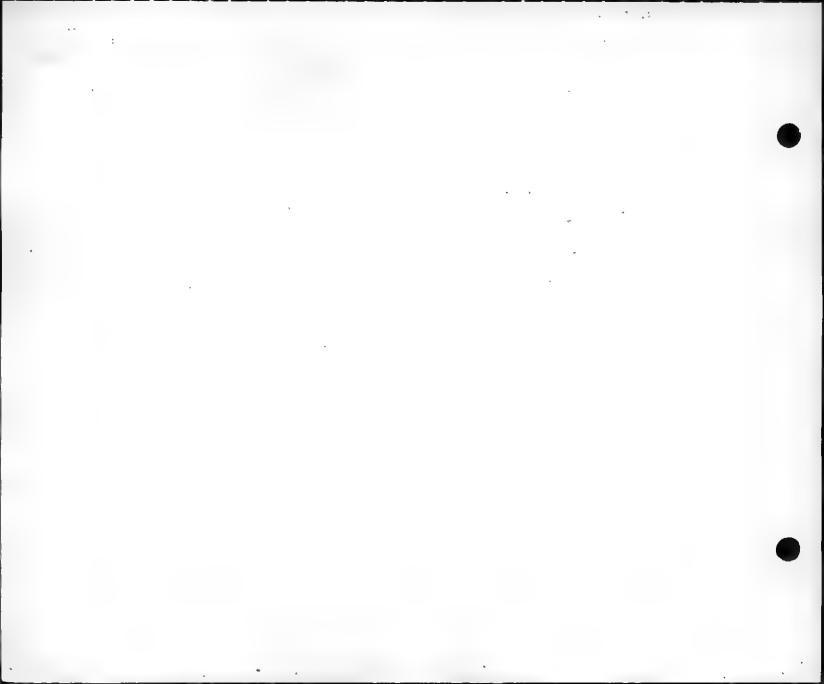
24. FUNERAL DIBERTOR

6M 1766

250 REC D BY REGISTRAR DATE

2Sb REGISTRAR'S SIGNATURE

Miante



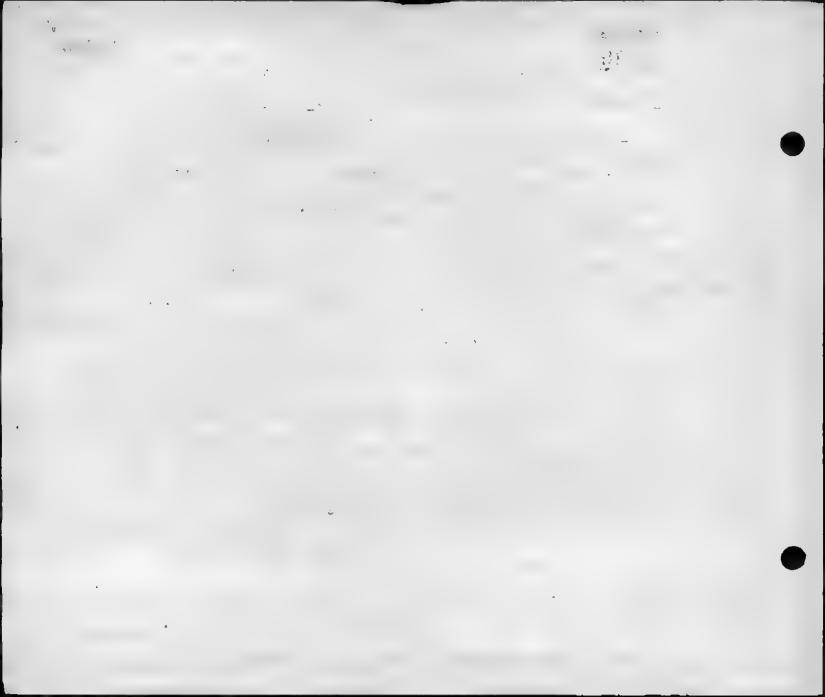
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicia≡.

TO FUNERAL DIRECTOR: After this certificate has been signed by th≡ et≡nding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial-transit permit. An improve carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial-transit permit.

AM	RYLAND STATE DEPARTMENT OF	HEALTH
DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. PRESTON :	STREET, BALTIMORE 1, MARYLAND
U1663	EARCH AND RECORDS, 301 W. PRESTON S CERTIFICATE OF DEATH	01000
		01660

1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission)		
Anne Arundel MARYLAND	. STATE Md b. COUNTY A A Co		
b. CITY OR TOWN (if outside corporate limits, 2 write EUPAL and give neeres! lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) 2-2nd Ave		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) 2-2nd Ave Balto 21 225	d. STREET ADDRESS altimore o. IS RESIDENCE ON A FARM? YES NO X		
3. NAME OF DECEASED Agnes M Hoe	Last 4. DATE Month Day Year		
	oper DEATH Feb 17 19 67		
5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Cau WIDOWED DIVORCED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 60 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done derring most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) Md 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
George T Hooper	Louise Schneider		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address		
(Yes, neror unkown) (liyesgiveweror dates of service)	Family Same		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN		
	ONSET AND DEATH		
IMMEDIATE CAUSE (a) CONCUMPRE of	Dear C		
DUE TO			
Conditions, if any, which (b)	_		
gave rise to immediate cause (a), stating the underlying DUE TO			
cause last.			
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY		
ATIO	PERFORMED?		
20a, ACCIDENT WAS UNDERLYING TO 1 20b, DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of Itom 18.)		
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
Hour e.m. While Not While for	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.) (Slate)		
21. I certify that (i) (this hospital) attended the deceased from			
	at death occurred at 40° M, from the causes and on the date stated above.		
22a. SIGNATURE	22b. DATE		
Spoonmel.	M.D. ATTENDING MED. STAFF PHYS. 2/20/67 SIGNED		
22c. PHYSICIAN'S NAME (Type) A. R. Sos noush	4016 Ritchie Hwy Baltons and		
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER 2/21/67 Ceder Hill			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
McCully F H 237 Patassco Ave 21225	DAFFB 2 1 1967 Williams		

VR A15 (2)



funeral Pages completely pue E physicia attending ph Then please r permit. gned by burial-transit emding ŧ PHYSICIAN: certificate hospital use ρ Afteri may be retained DIRECTOR: Aft 20 pjnoys 3 Page

by the and 2. death afler hours papers. n 72 ho carbon pa Meve X .⊑ removal cremation, 8 9 prior Health detached it. of Health State FUNERAL with # rector, death. 0.42

VR A15 (4) 20M 5-63

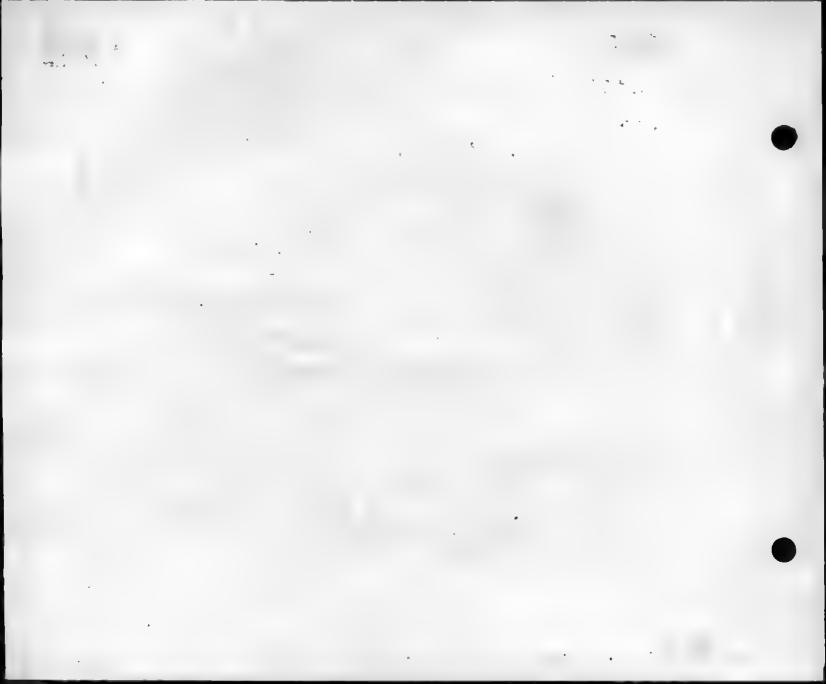
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) e. STATE MARYLAND b. COUNTY ANNE ARUNDEL a. COUNTY ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporeta timits E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FT GEO. G. MEADE 2 HOURS ODENTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARMS KIMBROUGH ARMY HOSPITAL 570 RITA DRIVE YES NO P 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) FERRHARY 1967 WASHINGTON HOUGHTON DEATH 5 SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR JF UNDER 24 HRS. Last birthdey) | Months | Days 1915 CAU MARCH 15. MALE WIDOWED [DIYORCED [10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Sfete, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) MONTGOMERY, MD. USA U.S. ARMY SOLDIER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ERNEST HOUGHTON Beulah Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 1 17. INFORMANT 570 Rita Drive (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) Jun 43-Oct 6 DOROTHY I., HOUGHTON (W) ODENTON, MI 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laennec;s Cirrhosis IMMEDIATE CAUSE (a) DUF TO Peritonitis 2 HOURS Conditions, if any, which gave rise to immediata cause **DUE TO** (e), steting the underlying cause lest. (c) PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IC NO [20e. ACC.DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, lenter nature of injury in Pert I or Pert II of Item IB.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED . Month, Dey, Year 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) fectory, streat, offica bldg., atc.) Hour e.m. While Not While al work al work 1963 to FEB 7 21. I certify that (I) (his mount) attended the deceased from... 19 (1) (1) (1) last 7 FRAS 19.6.7 and that death occurred alto. M, from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR February PHYS. 22c. PHYSIGIAN'S 22d. ADDRESS NAME FORGE KIMBROUGH AH GEORGE G. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria 10,1967 Arlington National Com. Ft 24 FUNEAUTOR'S SIGNATURE 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Annapolis, Md.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLANI
01665	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I CERTIFICATE OF DEATH	0168

1.	a. COUNTY Clime Crushel MARYLAND	2. USUAL RESIDENCE (Where deceased lyed, If Institution: River of the STATE County Cou	esidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (Houtside corporate limits, write RURAL	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) **Real Transport Company of the Small wood Rd.**	d. STREET ADDRESS FT Guallisood Road	e. IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print) Richard Eliner H	Foreser 4. DATE Month OF DEATH February	20 1967
	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED .	Let. 8. 711 56 yrs.	Days Hours Min.
dy	la USUAL OCCUPATION (Give kind of work done ting most of working life, even if refired) NOUSTRY Serafa Co.	Frederick, Mel	TIZEN OF WHAT
13	Harry Harry	14. MOTHER'S MAIDEN NAME	
	5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 236–12–9085	Slegaleth House Pas	adeas, 141.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	· rufarction	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO	hyperteusen	2 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (Cou	nty) (State)
		at death occurred at AM, from the causes and on the	
		D. PHYS. MED. STAFF 2/2	C 67
	22c. PHYSICIAN'S NAME (Type) M.M. Me Lang h / in	3708 Museutain Rd. Par	calem, nel.
238	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)		
24	Burial 2-22-1967 Loudon Park 4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
G	eorge J. Gonce-LOOl Ritchie dgwy. Balti	more na EB 2.4 1987 Volumer	t - Men -

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funerol s 1 ond 2 ter dooth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COHNTY offer ter Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) buriol-transit permit. Then prease remove carbon papers. Page buriol, cremation, or removal, <u>and in</u> any event, within 72 hours a write RURAL and give nearest town) hours Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) .≘ d STREET ADDRESS filled Anne Arundel General Hospital 703 Severn completely fi nove corbon 3. NAME OF Middle 4. DATE Lost Manth DECEASED OF (Type or print) HUGHES Thomas Anthony February S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Male White WIDOWED DIVORCED Nov. 1914 52 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician o during most of working life, even if retired) INDUSTRY Clerk requires that the death certificate SOUCENMENT PublicaTIONS Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Winchester JOSEPH ottending poermit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO 17 permit. ANNOPOLIS, MO (Yes, no, or unknown) (If yes give wor or dates of service) MRS J. F. GOMOLIAK 405 WWII 18. CAUSE OF DEATH (Enter only one couse per line for (p) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4-201 DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO hos been s stating the underlying cause 3 should be detached for use as the with the State Dept. of Health prior to lost. (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificote 200 ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) Hour a.m. factory, street, affice bldg., etc.) Not While After at wark ot work 21. I certify that (1) (this has pital) attended the deceased from Feb. E refoined Feb. 11 19 67, and that death accurred at DIRECTOR: saw the deceased alive an. fram causes and an the date stated above. 220. SIGNATURE ATTENDING STAFF PHYS. 80 director, page 3 should be filed v PHYS. DIRECTOR 22c. PHYSICHAN'S 22d **ADDRESS** O HOSPITAL TE IUNIRAL NAME (Type) Franklin St.. Annapolis, Md. Richard Hochma#

VR A15 (4) 25M 1/67

23o. BURIAL, CREMATION.

REMOVAL (Specify)

Poge ,

DATE THEREOF

23d. LOCATION (City or Town)

2Sb

OF CEMETERY OR CREMATORY

(County)

(County)

22b. DATE SIGNED

19

Anne Arundel

IF UNDER 1 YEAR

Days

12 CITIZEN OF WHAT

COUNTRY?

Months

e IS RESIDENCE ON A FARM?

Year

IF LINDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET, AND DEATH

19. WAS AUTOPSY PERFORMED? YES XX NO

67 that (I) (We) last

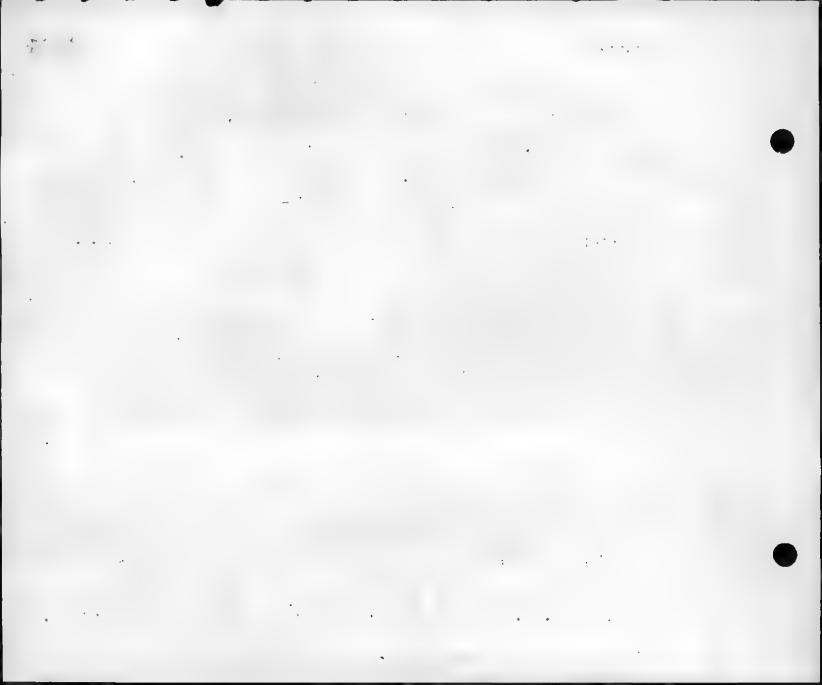
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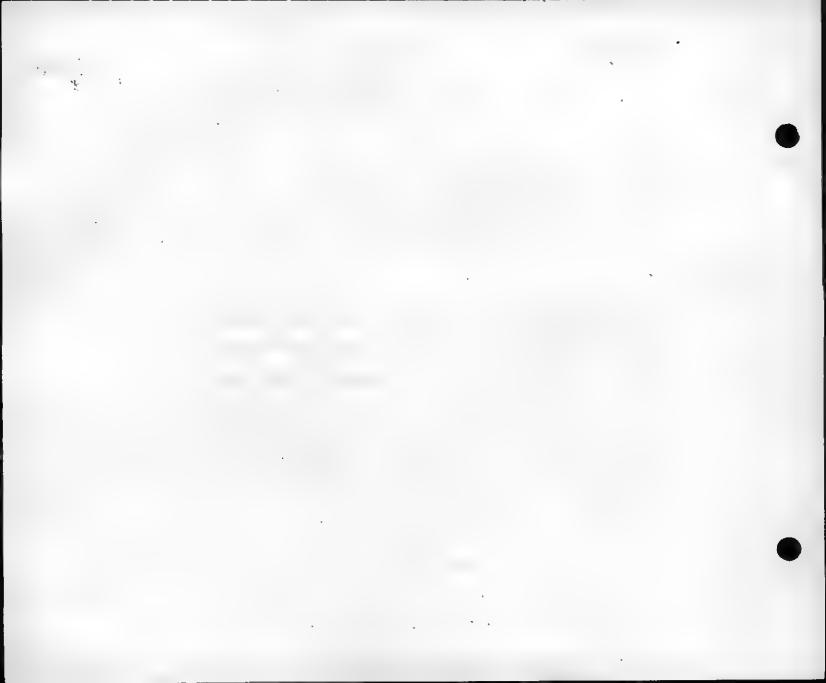
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-	1	VI)	OI66	N OF STAT	TISTICAL	MARY RESEA	YLAND STA ARCH AND R CERTII	TE DEI ECORDS	, 301 W. PRE	STON ST	ALTH TREET, B	ALTIMOR	E 1, MAI	RYLAN) 1 6	64
24 hours after death	by the funeral ages 1 and 2 rs after death,	/	1.		Arundel			MA c. LENGTH OF S	RYLAND	2. USUAL RES	nd		b. COUNT	' AA		
الع	in by s. Pag hours				Burnie			Life		Glen H	Burnie,		o minea, min	0.		
		r4			Arundel			ospital, give stree	t address)	d. STREET ADD	eress Armiste	ad S+			e. IS OI YES	RESIDENC N A FARM?
withir	completely fill ve carbon pare		3.	NAME OF DECEASED (Type or print)		First Carrie		Middle B.		Last Hull	4.	DATE OF DEATH	Month Feb.		Day L6	Year 1967
executed within	and com emove c			sex emale	6. COLOR OR	1	ARRIED			B. DATE OF BIR. 2-20-8		19. AGE	(In years IF	UNDER 1 YE	AR IFU	
7	eran nd in		10a dur	. USUAL OCCUPAT ing most of worki HOUSEW	ing life, even i	of work done	10b. KI	IND OF BUSINESS IDUSTRY	hours of 1	11. BIRTHPLA Maryl		_ 1 _ /	reign country)	U COUNT	EN OF V	VHAT
111111111111111111111111111111111111111	Then pie moval, a		13.	FATHER'S NAM		ER				14. MOTHER'S	MAIDEN NA	ZIES		1		
oth ce	attending rm.t. Th n, or ==m		15. (Ye	. WAS DECEASED (s, no, or unkown)	VER IN U.S. AR (If yes give war c	MED FORCES or dates of serv	3? 16. S	SOCIAL SECURITY	NO. 17.	INFORMANT			Address			
ար ֆիր մի	cian. led by the transit pe	:		PART I. DE	DEATH (Enter ATH WAS CAUS IMMEDIATE		ise per li	ne jar (a), (b), and	enth,	Afen	168	Disec	al_	10	INSET A	BETWEEN DEATH
requires that the death certificate	ding physician been signed the burial-tra			Conditions, if gave rise to cause (a), st	Immediate ating the	DUE TO (b)	Here	Imfjl.	da	Elevi	och	1an		0	ka	-
The faw	has as as prio	3	CERTIFICATION	PART II. OTHER S		(c) ONDITIONS C	ONTRIBU	TING TO DEATH BU	TNOTRELA	TED TO THE TERM	IINAL DISEAS	ECONDITIO	N GIVEN IN PA	RT 1(a)		S AUTOPSY RFORMED?
PHYCICIAN.	hospital or a s certificate iched for use pt. of Health		CERTAF	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLY NG CAUSE (IFY MEDICAL	ING [] OF DEATH EXAMINER)	20b. D	ESCRIBE HOW IN	JURY OCCU	RRED. (Enter nat	ure of Injur	y in Pert I o	or Part II of i	tem 18.)		
	<u> </u>		MEDICAL	20c. TIME OF I Hour a.m	1.	n, Day, Year 19	20d. IN While at work	Not While at work	20e. PLA fector	CE OF INJURY (Ho ry, street, office b	ome, farm, idg., etc.)	20f. (City o	or town)	(County)		(State)
ATTENDING	retained CTOR: At Should I				y that (I) (thi		m	d the deceased		2-/5 -	, 196.7 d at 5.77	9 600	2 - /6 · ne causes ar			i) (we) las
2	y be DIRE			22c. PHYSICIA	Rey O.	Me	M	ly	M.D	ATTENDING)	MED.	_ s		22b. DATE		
TO HOSPITAL	Page 4 ma TO FUNERAL director, pi	1		NAME (Ty BURIAL, CREM	ATION 1 23h	DATE THER	FOF	23c. NAME OF	CEMETERY	OR CHEMMORY		d 10CATIO	ON (City, tow	n or county		(State)
1	5 5 5 5		24.	BURYACSPE	2.1	8.67		REHOBE:		THODIST	F	ULTON		TY P	ENN	4.
	/R AI5 (4)			Hours	ud.	ير بـــ	Leo	ve Ha	wer	- Om BAT	CEO.	2 3 191	-	STRANGS		-ter



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01668 CERTIFICATE certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence betate 1. PLACE OF DEATH a COLINTY b. COUNTY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If ours/or corporate write RLRAL and give nearest town annse IS RESIDENCE ON A FARM? campletely filled in ave carban papers. d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 13ex 262 YES NO F NAME OF Lost 4. DATE Month Doy 3 THOMAS OF DEATH DECEASED ATRICE 19 6 (Type or print) AGE (n years YFAR IF HADER 24 HRS S SEX DATE OF BIRTH 1E LINDER 1 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours and in any WIDOWED DIVORCED 20 gud 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ease INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaya Z. 3127721 L 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT Address 21774 signed by the atter burial-transit permit burial, crematian, a 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 1730 Etialogy undetermined Conditions, if ony, which gave nse ta immediate cause (a). DUE TO storing the underlying couse as the prior to last. 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INSURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month Day Year Hour a.m. factory, street, affice bldo., etc.) While TO FUNERAL DIRECTOR: After 1967 to Feb 5 1967, that (1) (we) last 2]. I certify that (I) (this haspital) attended the deceased from feet 3 be retained director, page 3 should should be filed with the saw the deceased alive an_ 22c SIGNATURE 22b. DATE SIGNED PHYS. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRES TO HOSPITAL Page 4 may 8 NAME (Type) 23a BURIAL, CREMATION DATE THEREOF LOCATION (City or Town) (County) (State) REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO VR A15 (4) 20 M 1/66



VR A15 (4) 15M 4-64

	MARYLAND STATE DEPARTMENT OF HEALT	H
 DIVISION OF 	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	r, Baltimore 1, Maryland
01663	CERTIFICATE OF DEATH	01666

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY Anne Arundel	a. STATE Naryland b. COUNTY Anne Arundel
MARTDAID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
GreenhandBeach 35 yrs.	Greenland Beach
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8, IS RESIDENCE ON A FARM?
8052 Ft. Smallwood Road	8052 Ft. Smallwood Rd. YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	FFERSON DEATH Feb. 2, 1967
1. MARKIEV A MEYER MARKIEV	8. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. Months Oays Hours Min.
Male White WIDOWED DIVORCED	May 17, 1905 61 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Auto Parts dealer Automobile	Baltimore, Maryland U.S.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Albert Jefferson	Eva Shultz
	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 215-32-5457	rs. Thelma Jefferson Same
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Country with	more livetec thank clipters 2 years
Conditions, if any, which \ DUE TO Cleane fee me	all has in-years
Conditions, if any, which (b) Cleanered Itt	eccepica 10
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Ebrine orteomyeles	45 30 years YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
	(Chata)
dante.	CCE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	
21. I certify that (I) (this hospitel) ettended the deceased from	Hene 1 1950, to Letzerry 2-1961, that (1) (we) last
saw the deceased alive on Feb. 2 1967, and that	t death occurred at 92M, from the causes and on the date stated above.
22a. SIGNATURE O OO.	22b. DATE SIGNED
Or. M. Ma Laceskeen M.	D. ATTENDING MED. MED. STAFF 2/2/67
22c. PHYSICIAN'S P. 11/11/2 Laughlin	3708 Minutain Rel. Paraleur, My.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial Feb. 6, 1967 Glen Haven Mer	m. Park Cem. Glen Burnie, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
George J. Gonce 4001 Ritchie Hwy. (2122)	5) DATEFEB 1957 Plear so Judge

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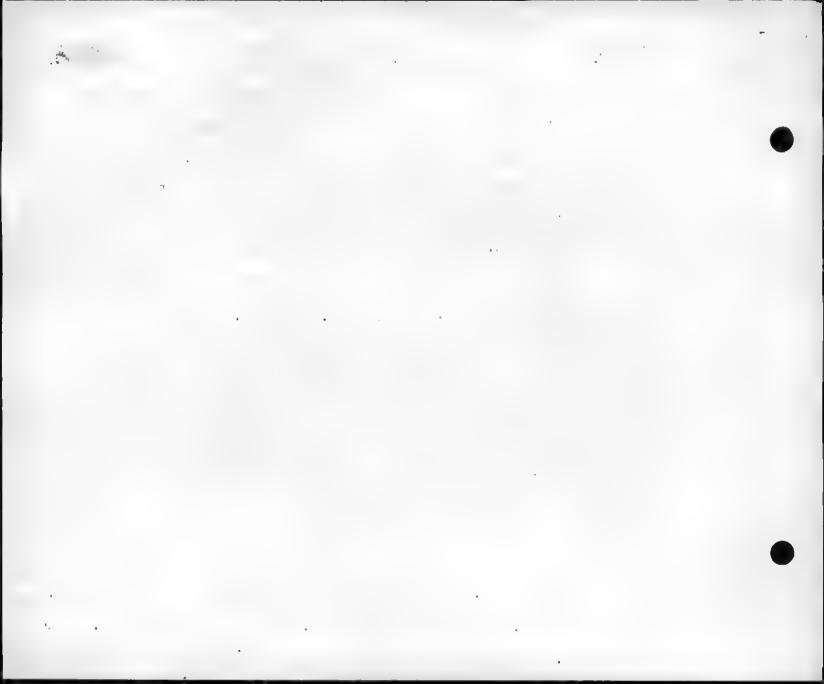
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DIVISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

		01676)		CERTIFI	ICATE	OF	DEATH			กา	66	7	
		PLACE OF DEATH							Where decer	osed lived, if instit		ce before	a odmissio	n)
	(o. COUNTY A r	ne Arundel		MARY	LAND	0. 3	TATE Marylar	a d		DUNTY nne Ar	unde	1	
	t	CITY OR TOWN (I	f outside corporate im:	5,	E LENGTH OF STAY IN		c ClTY			rote imits write i				
	write RURAL and give nearest town) Rural Annapolis				1 Dav			Rural.	Pasa	dona	21122		12-1	
1			AL OR INSTITUTION (If n				d. STR	EET ADDRESS	rasay	uella	21166	-	IS RESID	
		Amme	Arundel G	anoral	Hospital			201 Mis		C+			ON A FA	NO K
	3 1	NAME OF	Arbrider	rs†	Middle			201 Mis	4 DATE		onth	Dov	Yeo	
		Type or print)	De	nton	(nmi)	Lob	nso	n	OF DEATI			25	195	
1	5 5		6 COLOR OR RACE		NEVER MARRIED			OF BIRTH		9 AGE (In years	I F UNDER	1 YEAR	IF UNDER	
		A.A.	17	WIDOWED	DIVORCED		10/	15/00		lost birthdoy)		Doys	Hours	Min
ŀ	1Do.	LISJA: OCCUPATION	(Give kind of work done		ND OF BUSINESS OR			15/92 RTHPLACE (County	& State or f			TIZEN OF	WHAT	l
- 1	duta	ng most of working	DIVER (IE	t SP	Wice Sta	tion		, ,		orangi cooming		UNTRY		
ŀ	_	FATHER'S NAME	31,00	20, 00				Maryla OTHER'S MAIDEN				<u> </u>		
- 1							(-9- 191			1 3 - 4 - 4 - 4 -				
ŀ	15	Thomas Johnson Hattie Linthicum s was deceased ever in u.s. armed Forces? 16 social security no 17. INFORMANT Address Same as #												
	(Ye	s, no, or unknown)	(If yes give wor or dotes	of service)								5 ar	ne as	∃ #
		No	Nous_		<u>7-34-6855</u>	Mr	5,_	Glagys	U. J	hnson ((mits)	1	2	
			ATH (Enter on y one co H WAS CAUSED BY:			Ноо	solo E	o i Tarmo					ERVAL BETV SET AND D	
		1.10	MEDIATE CAUSE	(0)	ngestive	пеа	TUE	arrure				1	TAT	
		TTO.	Which down >			7\				- TT	nt Di			
		nse to immediate couse (a). Hypertensive Arteriosclerotic Heart Disease Out To Dut To												
		stoting the under	lying couse											
		lost.	Chillians compiliate	(c)	C DELTH OUT NOT DOLL	17/0 TO T	of Provi	has beered co.	AITION A			10	WAS AUTO	OCV
	8	PART IT OTHER SI	GNIFICANT CONDITIONS	ONIR BUTING I	O DEATH BUT NOT RELE	AIED 10 II	HE TERM	HNAL DISEASE CO	NOTITION G Y	VEN IN PART T(0)			PERFORME	D?
-	CERTIFICATION			1								ΥE	5 1	MO
		200 ACCIDENT WAS OR CONTRIBUTING		20b. DES	SCRIBE HOW INJURY OC	CURRED (Enter no	ture of injury in	Port 1 or Pc	ort I of Item 1B)				
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									,		
	MEDICAL	20c. TIME OF No.	IRY Month, Doy, Year	2Dd IN While				URY (Home, form t, office bldg., etc.)		(City or fown)	(Co	unty)	(2	Stote)
	=	p n	10	ot work			.,,,,,,,,,	d autre and d acc						
ı			y that (1) (this has										ot (1) (v	
_			eceased alive on_	reb 24	19-67.0	ind that	death	occurred of	4:30	Mom cause				above
		220 SIGNATURE	1		/ , ,		ATTI	NDING -	MED	STAFF	22b D.	ATE SIGN	ED	
1			Memo	0	Codd	M.D			DIRECTOR	PHYS	2	27-	-67	
,		22c. PHYSICIAN'S NAME (Type)			1.6 .40			ADDRESS						
				s L. Co						ay, Seve				
	230	BURIAL, CREMATIC	N, 23b DATE TH		23c NAME OF CEME				23d l	OCATION (City or	Town)	(County)	(51	ote)
		BULI 91		28,196	7 Glen Ha	iven	Mem			en Burn				
	24.	. FUNERAL DIRECTO			ADDRESS		М		D BY REGIS		REGISTRARS S	-	etter.	ari n
		Richar	d V. Sing	leton	Glen Burr	nie,	i"lai	y 1 award	FEB :	28 1967	you	arla	y Jac	de.

TO FUNERAL DIRECTOR: After this cert ficote has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. IO BOSMITAL BRATTEMDING PHYSICIAM: The taw requires that the death certificate me executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01671 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside carporate imits, write RURAL and give negrest town) Annapolis 3 mont
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 3 months Annapolis d STREET ADDRESS in any event, within 72 ON A EARM? 39 Calvert St. Anne Arundel General Hospital NO A 3 NAME OF Middle Last 4 DATE Month DECEASED (Type or pnnt) **JOHNSON** Carla February 67 Ann F UNDER 1 YEAR S SEX 8. DATE OF BIRTH 9 AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Days Oct. 13, 1966 WIDOWED DIVORCED 30 Female Negro 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working the even if retired) COUNTRY? physician INDUSTRY Anne Arundel. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no. or unknown) If fives give war or dates of service 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? r this cerum, detached far use was and of Health p NO 20a. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF NJURY (home, form, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) (State) Hour a m. factory, street, affice blda., etc.) at work at wark DINCTOR: After 12. 19 67 that (1) (100) last 21 I certify that (1) (the hesets) attended the deceased fram Feb. 1967 to Feb. saw the deceased alive an 119_67, and that death accurred at M, fram causes and an the date stated above. 22a SIGNATURE. 22b DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22d. ADDRESS TO INNIMAL NAME (Type) Charles B. Hargrove, M.D. Hahn ProfBldg., Severna Park. 23g. BURIAL CREMATION. REG STRAR S SIGNATURE FUNERAL DIRECTOR

DATE

requires that the death certificate



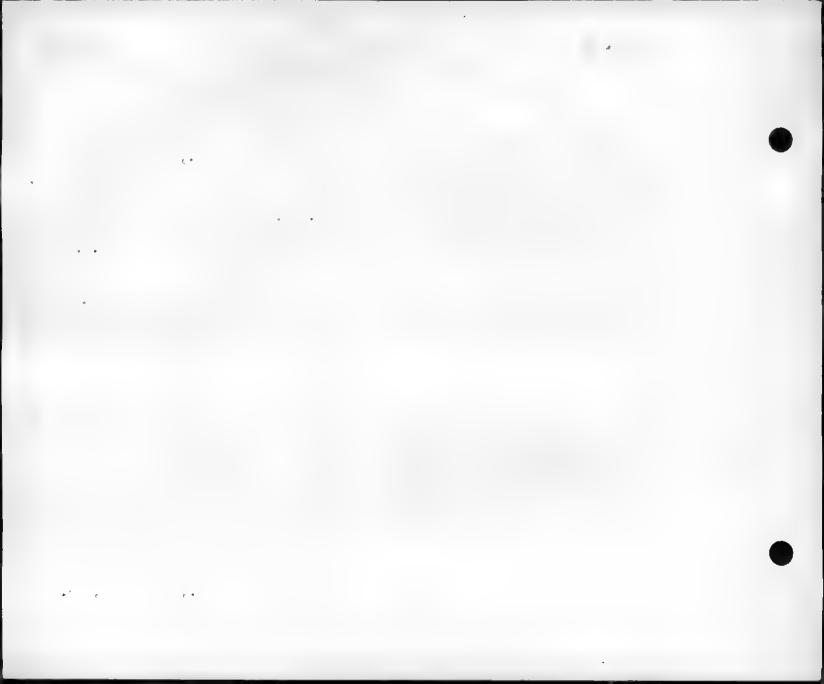
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE	01672	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	01669
ALTH DEPT.	PLACE OF DEATH		2 USUAL RESIDENCE (Whe	ere deceased lived, if institution	Residence before admission)
\$ 5 E	o. COUNTY Anne Arundel	MARY_AND	o. STATE Maryla	b. COUNTY	
and 3 ta M3. Page thment of	b CITY OR TOWN (If outside corporate limits			de carparate limits, write RURAL o	and give nearest town)
PM3.	write RURAL and give negrest town Gien Burnie-r	ural	1		211-4
te Depar	d NAME OF HOSP TAL OR INSTITUT ON (It no	3	Baltim	lore	T e IS RESIDENCE
he State Department	North Arundel			l. Butters Diego	ON A FARM?
ate	NAME OF FIR			Eutaw Place L DATE Month	YES NO
3	DECEASED			OF 2	18 19 67
2	(Type or print) Rose SEX 6 COLOR OR RACE		Johnson 8. DATE OF BIRTH	UEATH	UNDER 1 YEAR IF UNDER 24 HRS
fler deality		7 MARRIED NEVER MARRIED		lost buthday) [M.	anths Days Hours Min.
9	female colored	WIDOWED DIVORCED	Oct 20,193		12 CITIZEN OF WHAT
d	Oa JSJAL OCCUPATION (Give kind of work done during most of working life, even if ret red)	10b KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or		COUNTRY 2
3	Uh.K.		tichmond,	UNGINIA 1	Vis.A.
Sinni	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Call	
	VNK.		Carrie	E Aday	
- E I	15 WAS DECEASED EYER IN J.S. ARMED FORCES? (Yes, no, ar unknawn) (If yes give war ar dates o	(Fearu ro)	INFORMANT	Address	011
			ri JACK H. Jol	hason 383	
within 7	18. CAUSE OF DEATH (Enter only one cau PART 1. DEATH WAS CAUSED BY.		4	. 1 . 1	INTERVAL BETWEEN ONSET AND DEATH
any event within	MMEDIATE CAUSE	(o) Acute alcoholi		a, possibly	01724 1 1110 (0111)
	-068-	no- associated wit	h exposure		
	t use to immediate cause (a) /	(b)			
	stating the underlying cause				
		(c)			Lie will in Yosey
ž	PART IT OTHER SIGNIFICANT CONDITIONS CE	ONTR BUT NG TO DEATH BUT NOT RELATED TO) THE TERM NAT DISEASE CONDIT	110% GIVEN IN PART 1(a)	19 WAS AT TOPSY PERFORMED?
- ENG	200 EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING OF CAUSE OF DEATH				AE2 🔀 NO 🗌
i i	E 20a EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	20b DESCR BE HOW INJURY OCCURRE) (Enter nature of in ury in Par	t ar Part II af item 18 }	
18	20c TIME OF .NJURY Month, Doy, Year Hour a.m.		LACE OF INJURY (Home, farm, actory, street, affice bldg, etc.)	20f (City ar fawn)	(County) (State)
2	p.m.	at wark at wark			
	21. I certify that I took charge	e of the remains described above.	neld an Autopsy 🛣 ,	Inspect on, Inquiry	, and in my opinion
	deoth resulted from: Natura	al causes 🕱 , Accident 🔲 , S.	rcide , Homicide	Undetermined monr	ner 🗌
	ACTUAL /1500 0 1		CHIEF MEDICAL EX		AD DATE CLOSUES
	SIGNATURE Mences [1.3	M D ASSISTANT MED CA		22. DATE SIGNED
	EXAMINER'S Warner	U. Spitz, M.D.	DEPUTY MEDICAL E	_	
				ity, tawn, ar county)	
2	230 BUR AL (REMATION, 23b DATE THE			23d LOCATION (City or Town)	(County) (State)
-	BUYIA 2-24	-67 Arbatus 170	2So. RECD 8	Hrbutus	rar's signature
(5)	24 FUNERAL DIRECTOR	ADDRESS;	m f		RAK 3 SIGNATURE

VR A15ME 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 01674 CERTIFICATE OF DEATH by the funeral Pages I and ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH o. COLINTY b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) r remove corban popers. Pag in any event, within 72 hours Annanolis Annapolis filled in l d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE (Dead on Arrival)
Arundel General Rospital ON A FARM? 131 West St. YES NOVY 3 NAME OF Middle Last 4 DATE Month Year DECEASED
(Type of print) OF DEATH Fleanor Davis **JONES** February S SEX & COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER . YEAR IF LINDER 24 HRS rthday) Manths Days Hours Feb. 23, 1919 Female Negro W DOWED DIVORCED 10a USLAL OCCUPATION (Give kind of work dane 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & ste, or foreign country) 12 CITIZEN OF WHAT that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY bunal, cremation, or removal, and Domestic Maryland "nnapolis 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Babara Taylor William Davis IS WAS DECEASED EVER IN L.S. ARMED FORCES?
(Yes, no, or unknown) [(if yes give wor or dates of service)] 16 SOCIAL SECURITY NO .7 INFORMANT Address Anna . Md South_Villa 25/25/25/25/25/25/25/25/25 Clinton Borsey 112 212-16-4923 NIERVAL BETWEEN CAUSE OF DEATH (Enter only one cause persone for (a), (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause наз реел last. OS 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ATTENDING PHYSICIAN: The NO XX 20a ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lox Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache should be filed with the Stote Dept 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Day, Year (C ty or town) (County) (State) Hour a.m. factory, street, office bldg., etc.) Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this charged) attended the deceased fram 1967, that (1) (wee) last be retained 186 2, and that death accurred at M, from causes and on the date stated above. saw the deceased alive an 22a. SIGNATURI 22b DATE SIGNED M.D 22d **ADDRESS** 22c. PHYSICHAN O HOSPITAL NAME (Type) 121 Cathedral St., Annapolis, Md. 23g BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Pine Lawn Memorial Md Feb. 18-67 Best gate Rd A.4. 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67 Charles & C.E. Hicks, 111 Annapolis, Ld



ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY by the and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest lown) write RURAL and give nearest lown] 24 .57 Pages within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat eddress) d STREET APPORESS . IS RESIDENCE hours ON A FARM? YES NO V papers. n 72 ho completely 3 NAME OF Middla 4, DATE Month Day Year DECEASED OF DEATH (Typa or print) 1967 within carbon 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS and last birthday) Months | any event, DIYORCED physician 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired Boat-13. FATHER'S NAME please .5 attending Pue 0 ARMED FORCES? Addess removal, the permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH Enter only one cause par ģ 9 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BOUTS cremation, burial-transit DUE TO Cardio-Vascular des affending peen Conditions, if any, which gave rise to immadiate causa **DUE TO** (a), stating the undarlying the bu PHYSICIAN: 5 After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION the hospital S 0 PERFORMED? USB NO TH prior 4/monar 45ema 20a, ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in any in Part I or Part I of Itam 18.) jo OR CONTRIBUTING CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) t may be retained by t DIRECTOR: After the 3 should be detached detached MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 2Dd INJURY OCCURRED | 2Do. PLACE OF INJURY (Homa, farm, 1 2Df. (City or town) (State) (County) factory, streat, office bldg., atc.) While Not While at work at work State Dept. 196 B M, from the causes and on the date stated above .., and that death occurred at 🛭 saw the deceased alive on. DATE 22a SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR death. Page 4
TO FUNERAL.
director, page 3
be filed with the খ M.D O HOSPITAL Page 22d. ADDRESS 22c. PHYSICIAN' NAME (Type 23a. SURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (State) REMOVAL [Specify] VJURIA L 24 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D SY REGISTRAR REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01676

CERTIFICATE OF DEATH

01673

		TERTITION IE	U. DEATH		- 1	71014			
PLACE OF DEATH				Where deceased I ved, if		e befare admissian)			
o. COUNTY	Anne Arundel	L MARYLAND	o. STATE	vland	b. COUNTY Anne	a Arundel			
	(If outside corporate mits,	c LENGTH OF STAY IN 16		itside corporate limits, w					
Write RURAL of	id give negrest town)	13 days	BURAT.	- Edgewate	339				
d NAME OF HOSPI	TAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS	TALERNOLOG	24.	e S RESIDENCE			
	mdel General F		Old muddy	creek road		ON A FARM?			
NAME OF DECEASED	First	Middle	Last	4 DATE	Manth	Day Year			
(Type or print)	Mary		LAYMON	OF DEATH Feb	oruary	5 1967			
SEX	6 COLOR OR RACE 7 M		B. DATE OF BIRTH	9 AGE (In y	years IF JNDER 1	YEAR IF UNDER 24 HR Days Hours Min			
Female	Negro wa	DOWED XX DIVORCED	June 5, 1900	6 6'8" birth	Atz Mightiz	Days Hours Mill			
Da USUAL OCCUPATION	N (G ve kind of work done	TOB KIND OF BUSINESS OR INDUSTRY	11 (BIRTHPLACE (County	& Stote ortoragin country	(r) 12 (ITI	IZEN OF WHAT			
3 FATHER S NAME	21877		14 MOTHER'S MAIDEN,	VAME	76-				
WAS DECEASED EV Yes, na, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes af servi	(e) 16 SOCIAL SECURITY NO 17	INFORMANT.	novic.	Address 13 al 15	mod			
	DEATH (Enter any ane cause per ATH WAS CAUSED BY IMMED ATE CAUSE (a)	ine for (a), (b), and (c).) Prum m				NTERVAL BETWEEN ONSET AND DEATH OAY			
Cardiian San	DUE TO	N							
Conditions, if on rise to immedia	to couse (a)	186 piration							
stoting the undi		Cerebra resider	Accided			13 days			
PART II OTHER S	SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	IDITION GIVEN IN PART	1(a)	19 WAS AJTOPSY PERFORMED? YES NO Z			
OR CONTRIBUTING	AS LINDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of njury in	Part I ar Part II of Item	18)	The state of the s			
20c TIME OF N. Haur a	JRY Manth, Day, Year m. m. 19		CE OF NJURY (Hame, farm ary, street, affice bldg , etc.)		awn) (Cour	nty) (State)			
21. I cert saw the a	21. I certify that (1) (this observe) attended the deceased from Jan. 23, 1967, ta Feb. 5, 1967, that (1) (499) last saw the deceased alive an Feb. 5, 1967, and that death occurred at My from causes and on the date stated above								
220 SIGNATURE	Bren	ME	ATTENDING PHYS	MED STAF	£	TE SIGNED 6/67			
22c PHYSICIAN' NAME (Type	Robert O. Bie	ern, M.D.	22d ADDRESS 121 Cathe	dral St.,	Annapolis	, Md.			
230. BURIA. CREMAJI REMOVAL (Specif	21 2.8-19	67 Children State	mound	23d LOCATON (CIT	162 Mill	(County) (State)			
24. FUNERAL DIRECT	PIN ROGAD	HE ADDRESS	250 RECU		25b REG STRAR'S SIG	# /N			

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 211 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and individue event, within 72 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25/4 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALSIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

į		01677	CERTIFICATE	OF DEATH		01674
•		PLACE OF DEATH			Where deceased lived, if institution	: Residence before odmission
	(Anne Arundel	MARYLAND	o state Mary	7land	
	ŀ	OCITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits write RURAL	L and give nearest town)
		Crownsville	7mos. 4 days	Bal:	timore	/
	(NAME OF HOSP TAL OR INSTITUTION (If not in hospital	l, give street oddress)	d STREET ADDRESS		B IS RESIDENCE ON A FARM?
		Crownsville State Hosp	ital	1040 E. I	Lombard Street	YES NO K
1		NAME OF First	Middle	Lost	4. DATE Month	Doy Year
	{	Type or print#32736 John	N.	Leebrick	DEATH 2	17 19 67
	5. 5	6 COLOR OR RACE 7 MARRIE	- La treat mountain	DATE OF BIRTH		Months Doys Hours Min
	_	Male White WHOOME	LDCD+ LJ	9/19/1897	68 69rs	
		LSUAL OCCUPATION (Give kind of work done 10b. ing most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
		Unemployed -		Virgini		USA
	13	FATHER'S NAME		14. MOTHER'S MA DEN	NAME	
		William Leebrick		Ida Thor		
	IS. (Ye	s, no, or unknown) Iff yes give wor or dates of service)		VFORMANT	Address	
		No 5	77-09-4525	Hospital I	Records	
		IB. CAUSE OF DEATH (Enter only one couse per line PART 1. DEATH WAS CAUSED BY.	for (o), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
1		IMMEDIATE CAUSE (o)	Bronchopneu	monia		
		DUE TO				
		Conditions, if any, which gove (b)				
		stoting the underlying couse DUE 10				
		last) (c)		us arminist places of	A DITION OF THE BART AS A	19 WAS AUTOPSY
	8	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE (O	NDITION GIVEN IN PART 1(0)	PERFORMED?
	CERTIFICATION	Chronic Brain Syndrome				YES NO
	RTIF	20o. ACC DENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED (toter noture of injury in	Port I or Port II of item 16 }	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				16
	MEDICAL	Hour o.m. Wh		E OF INJURY (Home, form bry, street, office bldg., etc.		(County) (State)
	≥		vork U of work U =-			
		21. I certify that (I) (this hospital) attacks any the deceased alive an 2/1	ended the deceased tram	7/21/66	19, to <u>2/17/</u>	, 167_, that (I) (we) last and on the dote stated above
		saw the deceased align an 2/1	1901, 4110 11141	death accurred at	∧ Iroin cooses of	22b. DATE SIGNED
	-	Much) M.D	ATTENDING D	MED. STAFF DIRECTOR PHYS.	2 / 17/67
		22c. PHYSICIAN'S	, ni.o	22d ADDRESS	BIRCOR ESC 11113.	2 / 11 pol
1		NAME (Type) T. Benedict M.	D	Crownsvi	lle State Hospit	tal Maryland
	230	BURIAL CREMATION 236 DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town	(Stote)
		REMOVAL (Specify) 2/17/47			lunchbu	R9.1/W.
	24	FUNERAL DIRECTOR	ADDRESS	1	D BY REGISTRAR 25b. REGIS	STRARY SIGNATURE
		3/ Shorich tuner of	the Balt m	DATE F	EB 27 1967	North Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

k,

VR AIS (4) 20M I/65

01678 Item #23CERTIFI	CATE OF DEATH /67 pc 01675								
1. PLACE OF DEATH a. COUNTY Anne Arundel	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a, STATE b. COUNTY								
MADV	LAND Maryland Anne Arundel								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Brooklyn	IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Brooklyn								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac	ddress) d. STREET ADDRESS e. IS RESIDENCE								
314 W. 14th. Ave.	314 W. 14th. Ave. YES NO X								
3. NAME DF First Middle DECEASED (Type or print) Mamie	Leiman Last 4. DATE Month Day Year DF DEATH Feb. 12. 1967								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
Female White WIDOWED X DIVORCEE	79 yrs.								
10a. USUAL OCCUPATION (C.ve kind of workdone during most of working life, even if retired) Ho usewife At Home	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Balto Md US A								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Frederick Jacob	Louisa Bartel								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give war or dates of service)									
No	Mrs. Ruth Norris 314 W. 14th. Ave								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caute Turne and	deal warden with 30 days.								
4201 DUE TO -7-1-									
Conditions, if any, which gave rise to Immediate (b)									
cause (a), stating the underlying cause last. DUE TO Coronary actery desease with Left Burdle Br. Black									
PART II. OTHER SICNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO								
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)								
	Oe. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 2 Hour a.m. p.m. 19 at work at work at work	factory, street, office bldg., etc.)								
21. I certify that (I) (this hospital) attended the deceased fr	om 12/74 1966 to 2/12 1967 that (1) (we) last								
saw the deceased alive on 19 60 a	nd that death occurred at 6.30M, from the causes and on the date stated above.								
22a. SICNATURE	22b. DATE SIGNED								
Minninger	M.D. ATTENDING MED. STAFF PHYS. 1967								
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS								
23a. BURIAL, CRÉMATION, 23b. DATE THEREDF 23c. NAME OF CE	METERY OR CREMATORY 23d. LDCATION (City, town or county) (State)								
Burial 2/15/67 Ce	edr Hill A.A. Co. Md.								
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE								
McCully Funeral Home 237 Patapsco	DATE FIE 1 5 1867 A Surface								



TO FUNERAL DIRECTOR: After this certificate has been signed by the attegrand mysic on and completely filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit—Hen please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burnol, cremotion, or removol, o≡d in o≡y event, within 72 hours after deother. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 25M 1/67

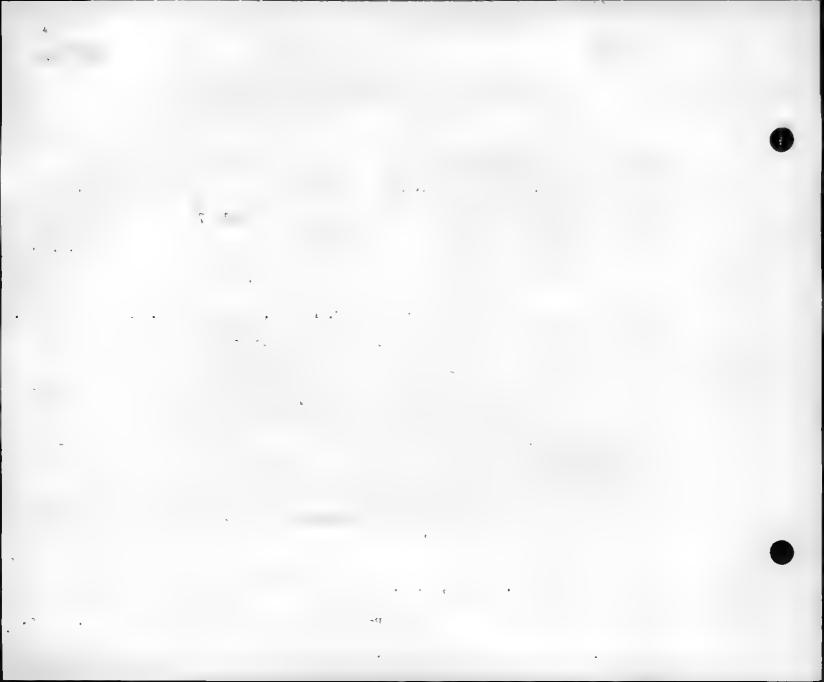
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01679

CERTIFICATE OF DEATH

01676

								7.5				
	PLACE OF DEATH O. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)						
0. ((UUNIY	Anne Aruno	ie ì	MARYL	AND	o. STATE Mar	yland b. COUN	_	_			
b C1	ITY OR TOWN (f outside corporate ins		c. LENGTH OF STAY IN	16		tside corporate limits, write RUR	AL ond g ve	neorest town)			
W		give negrest town)				City Baltimore 29						
d N/		AL OR INSTITUTION (If n	ot in hospital	give street oddress)		d STREET ADDRESS e IS RESIDENCE						
	A = 1	indel Gener	enl Hai	inital		653 Brisbane Road VES NO S						
3 NAM			at nos	Middle		lost	4 DATE Month		Day Year			
DECE	EASED e or print)	·				OESCHKE	OF		4. 1967			
S SEX	e or painty	6 COLOR DR RACE	7. MARRIED	Clara NEVER MARRIED		DATE OF BIRTH	9. AGE (In years	IF UNDER 1				
	ale	White	WIDOWED			January 13,1	last birthdoy)		Doys Hours Min			
10o USL	JAL OCCUPATION	(Give kind of work done		KIND OF BUSINESS OR	1		& State, or foreign country)	12 CITI	ZEN OF WHAT			
during in	nost of working	life, even if retired)	1	NDUSTRY		Marylar	nd	เดก	intry's.A.			
13. FAT	THER S NAME				ï	14. MOTHER'S MAIDEN N	3MAI	-				
	Johr	n Debes				Mary W.	Hoenig					
IS WA	AS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	16	SOCIAL SECURITY NO.	17 II	FORMANT	Addres	is				
(1,62,110	, or unknown)	fit has dive mot or doles	2	16-46-1783	Mr	. Paul H. I	oeschke, Jr. 6	53 Br	isbane Rd.			
18.	CAUSE OF DE	ATH (Enter only one co							INTERVAL BETWEEN			
		TH WAS CAUSED BY. IMMEDIATE CAUSE	(o) Cor	gestive hea	rt f	ailure, acu	ıte		302H940F0F4TH			
	4201		E TO									
	ndstrons, if ony,		(b) Myc	cardial inf	arct	ion, antero	septal		24 days			
nse	to immediat ting the under	e couse (a), (DUE	TO	4 7		2 4	several					
IGS!)	(c) Art	erioscleros	ıs,	general and	years					
Z PA	RT II DTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED?			
ATIO	Diabet	es mellitu	ıs						YESCE NO			
		UNDERLY NG	20b. C	ESCRIBE HOW INJURY OCC	URRED (Enter nature of injury in I	Port I or Port II of Item 18.)					
		CAUSE OF DEATH MEDICAL EXAMINER)										
MED CAL	TIME OF INJU	JRY Month, Doy, Year	20d Whil			E OF INJURY (Home, form ry, street, office bldg., etc.)		(Cour	nty) (State)			
Σ	pn	n. 19	of wo	rk of work								
	21. I certif	ly that (I) (this ha	spital) atter	nded the deceased fr	rom <u>Ja</u>	nuary 12 , 1	967, tFebruary					
		eceased alive an_1	eprual	-y 4, 19 67, ar	nd that	death accurred at	M, from causes o		e date stated above			
22	o. SIGNATURE	01.1.	/_			ATTENDING	MED STAFF		TE SIGNED			
		werny	my	<u>~</u>	M,D				ary 5, 1967			
1 220	PHTS CIAN'S NAME (Type)	Charles W.	Kinze	r, M. D.		Ed a	th River Medic	rd Lr:	ullding 037			
03. 01					thu Or		1					
	JRIAL, CREMATIC MOVAL (Specify, RTAL			Loudon Pa			3801 Freder:	ick As	(Stote)			
	RIAL INERAL DIRECTO		.507	ADDRESS	220		BY REGISTRAR 25b REC	MCTDAD C C	Md.			
			107 134	Ikens Ave.	212		FFB 9 1867	GISTRAR 5 5 C	Quedas			
111111	CLLL II A	IIGDUGEU. "	CAUS WIS	TUGILO UAGE	414	C I DATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A ST C ST THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN CO			



16 death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papels. Pages 1 and 2 spbuld be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01620 CERTIFICATE OF DEATH

П	01000		01677
4	I. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution, Re	asidance balore edmission)
	ANNE ARUNDEL MARYLAND	MARYTAND 6. COUNTY ANNE ARU	NDET.
1	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
ı	write RURAL and give neerast town) FT GEO G. MEADE, MD 50 DAYS	FORT GEORGE G. MEADE. MARYLAND	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	+ IS RESIDENCE
ł	KIMBROUGH ARMY HOSPITAL	7536 WILLS STREET	ON A FARM?
	3. NAME OF First Middle		YES NO X
ı	DECEASED (Type of print) ESTHER L.	THEAC OF PRODUADY	25 Year
	, , , , , , , , , , , , , , , , , , , ,	DEATH	190 (
	, modern fell state modern	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1) AND OTT 1012 Months D. Mo	YEAR IF UNDER 24 HRS
	FEMALE CAU WIDOWED DIVORCED	15 MARCH 1913 53 "Yrs" MONINS 0	rious min.
1	10s. USUAL OCCUPATION (Give kind of work done during most of working tite, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
Ì	HOUSEWIFE NONE	FORT CLINTON, OHIO(OHAWA) U	ISA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	HARRY H. KERR	JESSIE PATTERSON	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 7536 AMELLS STR	TEET -
	(Yes, no, or unkown) (Hyesgivewarordetesofservice) NO N/A UNKNOWN CI	HARLES L. LUCAS(H) FT GEO G. MEAD	
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	HILLIAGO TE TOOLOCITÀ I Y OND GE YMILE	INTERVAL BETWEEN
	DARY DEATH WAS CAUSED BY		ONSET AND DEATH
	IMMEDIATE CAUSE (e) Uremia with pneumo	nitg_	
	DUE TO	2-13 (0
	Conditions, if any, which gave rise to immediate cause	Cell Carcinoma of Cervix	9 mos.
	(e), stating the underlying DUE TO		
	couso losi. (c)		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY
I	Z Z		YES NO DO
ı	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURS OF CONTRIBUTING 1 CAUSE OF DEATH 1 (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Pert I or Pert II of Item 18.)	
ı	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coun	ly) (Steta)
1	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PL While Not While factoring at work at work	ctory, street, office bldg., etc.)	
١	21. I certify that (IK (this hospital) attended the deceased from	6 Jan 1967 25 Feb 196	7 that 05 (wa) last
	saw the deceased alive on 25 Feb 67 19.67, and that		
ı	22e. SIGNATURE	Godin Occurred allowers, ment the costs one of the	22b. DATE
1	Joseph Sigot	ATTENDING MED. STAFF	25 Feb 67
ı	22c PHYSICIAN'S	22d. ADDRESS	25 Feb 67
,	NAME (TYNG) JOSEPH S. BETTS, CPT, MC		EO G. MEADE,
	23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	100
	PEMOVAL (Specify)		_
	DOMESTIC IN 170/ NAME INCION NAME	TINAL CEMETERY, Rt. Myer. Virgin	Ter

ARLINGTON NATINAL CEMETERY,

25e. REC'D BY REGISTRAR

DATEMAR

Virginia

25b. REGISTRAR'S SIGNATURE ocharles

VR A15 (4) 20M 5-63

24 FUNERAL

DIRECTOR'S

SIGNATURE



eathr TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the florest director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the ary event, within 72 hours after death. THE HOSPITAL OR ATTEMING PHYTICIAN: The law requirms that the death certificate he executed within 24 hours after Page 4 may be retained by the impital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
OF DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01678

		CERTIFICATE	OF DEATH		1010		
1.	PLACE OF DEATH a. COUNTY - A . A . CO		a. STATE	b. COUNTY,	Residence before admission)		
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	CITY OF TOWN (IT outsite	e corporate limits, write RURA	L and give nearest town)		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street address) d	I. STREET ADDRESS	21	e IS RESIDENCE ON A FARM?		
-	The constant	0000	/ 10		YES . NO .		
3.	(Type or print) AC (SOM)	Middle	ADN >- S	DEATH Z-3-67	Day Year		
5.	6. COLOR OR RACE 7. MARRIED WIDOWED	LANETER WARKEED	DATE OF BIRTH	9. AGE (In years IFUNDE) last birthday) Months	Days Hours Min.		
10 du		D OF BUSINESS OR	11. BIRTHPLACE (County &	State, or foreign country) 12.	OUNTRY?		
13	. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	U(
					/4 =		
1! (Y	es, no, or unkown) (If yes give war or dates of service) 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address			
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c) 1			INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Drop He	·ur.		ONSET AND DEATH		
	Cenditions, If any, which DUE TO	2 VQ					
	gave rise to immediate cause (a), stating the underlying cause last.						
CATION	PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury	in Part I or Part II of Item 1	8.)		
		JRY OCCURRED 20e. PLACE	OF INJURY (Home, farm,	20f. (City or town) (Go	ounty) (State)		
MEDICAL	Hour a.m. While work at work	Not While at work	street, office bldg., etc.)				
2	21. I certify that (I) (this hospital) attended		gov 67- 19 0	to 2-3-6/ 19	that (I) (we) last		
	saw the deceased alive on Factor			M, from the causes and on	the date stated above.		
	228. SIGNATURE	Dank	ATTENDING MED.	STAFF 22b.	DATE SIGNED		
	CO THYOUGHAND	M.D.	PHYS. DIRECT		X		
	22c. PRYSIGIAN'S R. AAAA) ((B) (O. 330X	73 Savene	Det "		
23	a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OF	CREMATORY 23	d. LOCATION (City, town or c	ounty) (State)		
-	FUNERAL DIRECTOR	ADDRESS MGG	1 25a. REC'D BY	REGISTRAR V 25b. REGISTRA	R'S SIGNATURE		
1	CC Ith 1	D- h m. 7	A NAME FEB	2 0 1987	· · · · · · · · · · · · · · · · · · ·		
-	C. C. gurales square	pecky / flow	C // CLUBIE	1001	0 0		

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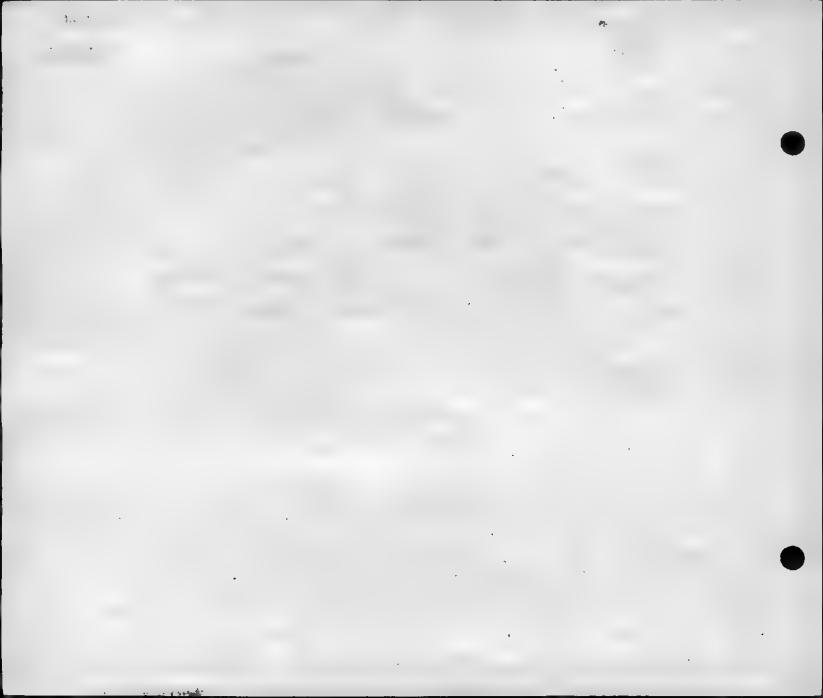


20M 1/65



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institutions a. COUNTY b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) .⊆ hours after NBURNIE poc TX Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO L completely papers. 3. NAME OF Eirs! Middle Year 72 12121 (Type or print) DEATH within 1967 and cor 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED PNEVER MARRIED AGE (In years | IF UNDER I YEAR last birthday) Months Hours ăny evênt, WIDOWED DIVORCED nding physiciam please removel 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) physic 13. FATHER'S NAME MOTHER'S MAIDEN NAME .5 attending t and 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give we ror detes placryice) the et permit. 18. CAUSE OF DEATH [Enter only one cause-5 ö PART I, DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO atending peen Conditions, if any, which gave rise to immediate cause **DUE TO** burial, (e), stelling the underlying the hospital or PART II. OTHER SIGNIFICANT CONDUCTORS CONTRIBUTING TO DEAN OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1/19 After this certificate WAS AUTOPSY PERFORMED? CERTIFICATION as of USe prior NO 2D. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Pert II of Item 18.) for of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached be retained by 2Dc. TIME OF INJURY Month, Dey, Year.-2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, ! (County) (Stele) factory, streat, office bldg., alc.) Not While et work et work (this hospital) attended the deceased from 21 I certify that (1) 30/LM. from the causes and on the date stated above. alive on ..., and that death occurred DATE SIGNED ATTENDING STAFF death. Page 4 in FUNERAL 1 director, page 3 be filed with the PHYS. DIRECTOR PHYS. **SPITAL** for, page 22c. PHYSECTA 258. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ARYLAND STATE DEPARTMENT OF HEALTH



death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

EXTSECTAN: The Ew requires that the death sertificate secuted within #4 lours after

VR A15 (4)

HOSPITAL MR ATTEMDING

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND O1684 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before edmyssion)
ANNE ARUNDEL MARYLAND	MARYLAND 6. COUNTY BALITIMORE
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	
write RURAL and give nearest town) FORT GEORGE G. MEADE DOA	BALTIMORE - Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d STREET ADDRESS
KIMBROUGH ARMY HOSPITAL	GOOR GOLD POINT BOND ON A FARM?
3. NAME OF First Middle	
DECEASED	OF
(Type or print, ROBERT JOSEPH	
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. 13 FEB 22 Hours Min.
MALE CAU WIDOWED DIVORCED	
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST done during most of working life, even if retirad)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
U.S. Army Retired : Serviceman	Pittston, Pennsylvania USA
Andrew Mesaris	
	Caroline Hoffman
(Yas, no, or unkown) (Ifyasgive war or datasof service)	zazoznote, ra
	becca L.Mesaris, 6928 Sollers. Point Rd
18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombo	osis
DUE TO	A 770 440 70
Conditions, if any, which (b)	2 HOURS
gave rise to immediate cause	
ter, stating the undanying	
(0)	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
OIL	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LED. LEDWI BROWN OF HIS TOT FOR R OF REM 16.7
	ACE OF INJURY (Home, farm, 20f. (City or town, (County) (State)
Hour a.m. Whila Not Whila Is work at work	ctory, street, office bldg., alc.)
21. I certify that the this the spiral returned the deceased EXX. WAS DOA	
	t death occurred af
22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 21 Feb 67
22c. PRISICIAN'S WAME (Type) JOSEPH C.DIMARCO KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD	
238. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
REMOVAL (Specify) 2/24/67 Loudon Park I	Wational Cem. Baltimore, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. RECORD BY REGISTRANS 250. RECORD BY R	
TOTAL OF DUCK 1/CE HIDE AVE. DUNGALA, MC.	• ZIZZZ DATE U U

Suon, er

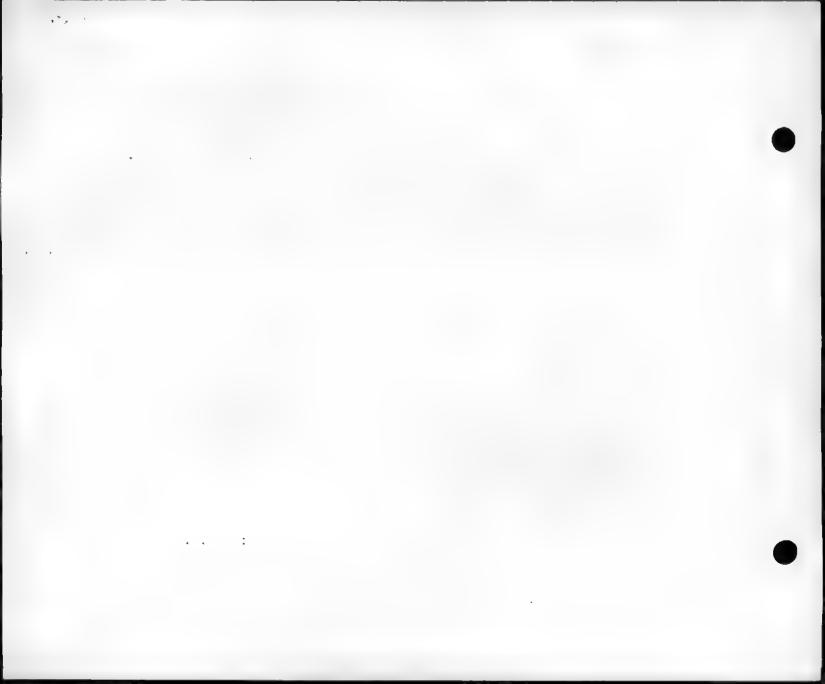
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01685

CERTIFICATE OF DEATH

01682

Ė	a di	11/		01000			4617111	TANIL	VI PEAIII		0100	36
to	ond death			PLACE OF DEATH						Where deceased lived, if instituti		re odmissian)
70	7			a. COUNTY	ne Arund	el	MARY	rland	o. STATE Mary	land b. COUN	Anne /	Arunde l
offe	by the fu Pages nours afte			b. CITY OR TOWN (If ac	itside carporate lin	nits,	c LENGTH OF STAY I	N lb		tside corporate imits, write RUF	tAL and give neores	st town)
ULŞ	Pars			write RURAL and giv	apolis				Annai	polis		110:
ha	in trs.			d. NAME OF HOSPITAL C		nat in hospital, g	rive street oddress)		d. STREET ADDRESS			e IS RESIDENCE
24	filled in by thi papers. Page thin 72 hours a	[-		Anne	Arundel	General	Hospital	1	49 W	. Washington S	t.	ON A FARM? YES NO
Ė	÷ Par Time in the			NAME OF		Eirst	Middle		Lost	4 DATE Mont		y Year
× ×	or bo			DECEASED (Type or print)	Sa	rah	Blane	V	MILLER	DEATH February	1	1967
uted	completely ove corban y event, wi		5.	5EX 6.	COLOR OR RACE	7 MARRIED	NEVER MARRIED	-	DATE OF BIRTH	9. AGE (n years	F UNDER 1 YEAR	IF JNDER 24 HRS
executed within 24 haurs ofter dmat	d completely f Imove corban any event, with			Female	Negro	WIDOWED	DIVORCED	No	vember 17,	1894 lost birthday) 72 yrs	Months Doys	Hours Min
			10o	USUAL OCCUPATION (Gi-	ve kind of work doi		ND OF BUSINESS OR	*	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF	
te t	a Se		dor	nd most of working life.	even a terree	e	DUSTRY			Maryland	COUNTRY?	໌ ປ. S.
fro	ys.		13	FATHER S NAME		C 4			14 MOTHER S MAIDEN	VAME C	7	
erti	anding physical intermediates		1	1.2282	My	172			11/11/18	MORT	26-	
=	ding Ferr		15	WAS DECEASED EVER N s, no, or unknown) ((if y	JS ARMED FORCE	3? 16. 5	SOCIAL SECURITY NO	17 IN	FORMANT ,	Addre	55	24 /
оер	attending physpermit. Then prion, or removal		116	s, no, or onicisown ji ita y	es give wor as dore	2 OI ZEIVICE	19-14-724	7041	MIN DA	Weller (1.1)	214c/1	111.
that the deoth certificate be				18 CAUSE OF DEATH	Enter only one	ouse per line for	(o), (b), and (c))	1				FERVAL BETWEEN
0	by the transit cremati			PART I. DEATH V	VAS CAUSED BY- IMMEDIATE CAUS	SE (a)	Ceretrov	asce	clar ale	calint	ON <	VSET AND DEATH
S #	ed by the al-transit al, cremat			443X		UE TO	_	~				
uire	signed bur al-1 burial,			Condit ans, if any, wh	use (n)	(0)	17. C. U.	0			4	toke
red Ig p	e o			stating the underlyin		DE TO						
ogin	s bee os th orior f			lost)	(c)						
he otte		,	공.	PART II OTHER SIGNIE	ICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	IE TERMINAL D SEASE CON	IDITION GIVEN IN PART (0)	119	WAS AUTOPSY PERFORMED?
	icate ha for use Health	5	E E								У	YES NO
至	투송표		CERTIFICATION	20o ACCIDENT WAS UN OR CONTRIBUTING □ C		20b DE	SCRIBE HOW INJURY OF	CCURRED (8	inter nature of intury in	Port or Part II of Item 18.)		
YS!	cert hed			(IF EITHER, NOTIFY MED	(CAL EXAMINER)							
F =	this cert detached e Dept. o		MEDICAL	2Dc. TIME OF INJURY Hour o.m.	Month, Doy, Year	29d IA While	Mot While		OF INJURY (Harne, form ry, street, office bldg., etc.)		(County)	(Stote)
å ± ×	e do		2	p.m.		9 of work	at wark		1			
900	d b						led the deceased	** ** ***	you 28 -1			hat (1) (we) last
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refe	E .			220 SIGNATURE	1	1/1/			ATTENDING	MED STAFF	22b DATE SIGN	117
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FQ 20	O FUNERAL director, po shou d'be fi		230	BURIAL, CREMATION	23b DATE	HEREOE	23c NAME OF CEME			23d OCATION (City or Tox	wn) Acaunty	v) _(State)
Page	oli e	0	200	DEMOVAL (Specify)	2	1 196	1257	//	10210	1/1/1/1/11	0/1/1	10/16
-	gree.	7	24	FUNERAL DIRECTOR	-1-4		ADDRESS	1	250 RECE	BY REG STRAR 25b. RE	GISTRAR'S S GNATU	Rh
VR 25	A15 (4) 4 M 1/67		/	11/11/1/10	mRo	1204	1/1/2	1/7.1	MIL DATE EF	-b 2 1967 8	Charles	Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01686 CERTIFICATE OF DEATH funeral s 1 and 2 ter death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed earthin 24 hairs after death 2. USUAL RESIDENCE (Where deregsed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE COUNTY papers. Pages I MARYLAND c LENGTH OF STAY IN 16 c. EITY OR JOWN TOWN (If outside corporate limits, Side corporate time ts, write RURAL and give nearest town) ve negrest town IS RESIDENCE ON A FARM? Ξ OR INSTITUTION (If not in haspital, give street address) d STREET ADDR filled YES NO C 3. NAME OF 4. DATE E DQ Lost Month Year DECEASED OF DEATH 19 and in bay event. (Type or print) AGE (/a years last burnday) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX S-COTOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Months Days Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT Do. USUAL OCCUPATION (Gwe kind of work done 10b KIND OF BUSINESS OR VI, BIRTHPLACE (County & State of fareign country) during most of warking the, even if retired COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANE Address (Yes, na, ar wiknown) (If yes give war or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c). signed by the burial-transit p the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO burial, Conditions, if any, which gave rise ta immediate couse (a), DUE TO stating the underlying cause be retained by the hospital or attending has been be aerached far use as the State Dept. af Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16 19. WAS AUTOPSY PERFORMED? NO YES certificate 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, 2Dd INJURY OCCURRED (City or town) (County) (State) 2Dc TIME OF INJURY Month, Day, Year After this factory, street, affice bldg, etc.) Hour o.m. While Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased from 3/30/65 , 19____, to_ 1957, that (I) (we) last be filed with the ____M, from causes and on the date stated above. 19 67, and that deoth occurred at. O FUNERAL DIRECTOR: saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d. Page 4 may b ADDRESS 22c PHYSICIAN'S NAME (Type) Ray M Smith. M.D. Hahn Professional Building. Sev. directar, shauld b 230. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY OF TOWN) (County) (Stote) REMOVAL (Spedify) Ville 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



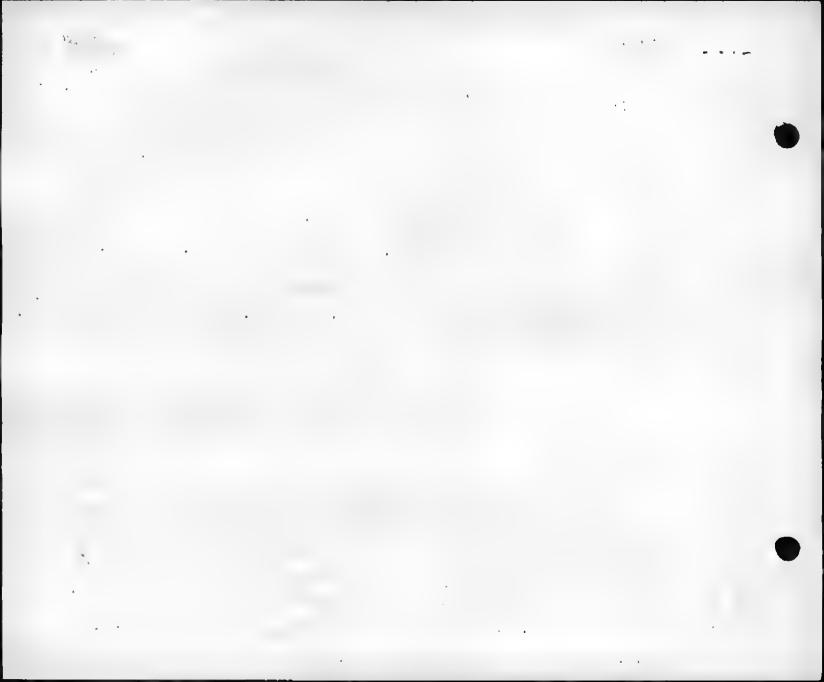
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TITA	rei	RA	sho	the State Board of Health prior to buriol, cremation, ar removal, and in any event, within 72 hours after death.
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10		T	page 3 shaufd be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed	
TO HOSPITAL OR TO NOING PHYSICIAN: The law requires that the death certificate be executed within 24 have after death. Pa	> may be retained e haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	(4)	

			RYLAND STATE D STATISTICAL RESEARCH A CERTIFICA		ALTH 1, MARYLAND	01684
	1 8	PLACE OF DEATH	tem / halm 6	2. USUAL RESIDENCE (Where dec		O I (2) X
		county Anna Arundel	MARYLAND	o. STATE	b. COUNTY	
.		c. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of		ATURGE!
		RURAL and give nearest tawn)	1.0		an portion it it is it i	a dia g io io io io i
		GIER BUTTIE d NAME OF HOSPITAL (If not in haspital, give street)	7 7 7	Glen Burnie		e. IS RESIDENCE
		111 Fourth Ave. 5/E			ve. S/E	ON A FARM? YES NO
	3 8	NAME OF First	Middle	Lost 4. DA	TE Month	, Day Year
		(Type or print) / ELENA	BERTHA	Naungann DE	ATH 2	116 1967
	SS	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		INDER I YEAR IF LINDER 24 HRS
	Ĭ	Tenime White WIDOW	DIVORCED	10/6/84	yrs Mc	anths Doys Hours Min.
j.	10a	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		13 IE Jaker		Germanv		U.S.A.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
		(Kriewald)		Louis	a Lehr	
	1S	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	(700		4-54-1.92 j1(Louisa Krasslar	- Same as	<i>‡</i> 2
		18 CAUSE OF DEATH [Enter only one cause per ly	x6 for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	VACERDIAL	INFARCTIO	210	ONSET AND DEATH
		4201 DUE TO W	,		1, '	
		Conditions, if any, which) (b) /1/2	TERIOSE/UR	POTIC HEERT	4)186080	104RS
		gove rise to immediate OUE TO	1	1	1.	
		lying couse lost. (c)	e Neralize o	HRTERIESCI	orosis	154121
	NO.	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DE	SFASE CONDITION GIVEN	N PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CATION	Co	ngestine to	Eart FAILU	Ra	YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC OR CONTRIBUTING ☐ CAUSE OF DEATH	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I o	r Part II of item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	-	-		
	NCAL		I.	ACE OF INJURY (Home, farm, 20f.	(City ar town)	(County) (State)
	MEDI	Hour a.m. While of wor	1401 141116	_		
		21 I certify that (I) (this haspital) attend	ed the deceased fram.	2/10 19-59	ta 78	199 Z, that (I) (we) last
		saw the deceased alive an 2/	V/. 7		am the causes and a	in the date stated above
		224 S GNATULE	. /	ATTENDANCE COM		P3b. DATE
		J-W: Mic	3 auch	M D PHYS MED DIRECTOR	STAFF PHYS	2/17/671011
t		22c PHYSICIAN'S DUE P	11 11 10 11 11 1	22d ADDRESS	110000	NA de-
		1).11.1121	4/FIELL MM)	G-164 10	00121012	Merlann
	23a	BLR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY 23d Lo	OCATION (City, town, or co	ounty) (State)
		1111 \$\\\ 5\\\ 5\\\\ 6\\\\		Conetery Bro	oklyn M	aryland
		FUNERAL DIRECTOR'S SIGNATURE PUNCE	ADDRESS	250. REC'D BY RE	EGISTRAR 256 REGISTRA	R'S SIGNATURE,
3		Singleton Funera, Jome	/ Glan Turni	DATE -	6 J 1310. 11	(d. 2)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OTOGA	*	CERTIFICATI	E UF DEATH	U	1635
1 PLACE OF DEATH			2 USUAL RESIDENCE (Where deco	eosed lived, if institution Resid	lence before admission)
	Anne Arundel		Marylar	nd An	ne Arundel
b CITY OR TOWN write RURAL of	(If outside corporate limits, and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside corp.	orate limits, write RURAL and a	jive neorest fown)
Glen	Burnie		Severn		
	PITAL DR INSTITUTION (If not in h		d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	rht Arundel H		Rt #2 Box 89		YES NO 🔀
3. NAME OF DECEASED	First	Middle	Lost 4 DATI		Doy Year
(Type or print) S. SEX	Verno		Norris DEA		5 19 67 R 1 YEAR 1F JINDER 24 HRS
male		MARRIED NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH	lest birthday) Months	
	ON (G ve kind of work dane	DIVORCED 106. KIND OF BUSINESS OR	Feb. 25, 1909	- · /··	CIT ZEN OF WHAT
during most of warking	ng life, even if retired)	INDUSTRY	Gaithersburg	And d	COUNTRY?
13 FATHER'S NAME	er (ret)	Const.	14. MOTHER'S MAIDEN NAME	MU	HEU
	(unknown) 8a	lton	Della	(unknown)	
1S WAS DECEASED E	VER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT		idale Ave.
(Yes, na, or unknawn N□	(If yes give war ar dates at serv	ice)	s. Deanna M. Ne		Burnie, Md.
	DEATH (Enter only one cause per			2 1	INTERVAL BETWEEN
PART I DE	EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Creite Coyou	any ottac	le- A	CALL AND DECH
4201	DUE TO	al an	101/2 10		245
	ny, which gave) (b) (Chronic for	Miscaralla		f gr
stating the und	derlying couse DUF TO	Gullia	Day a 1		/ (
last.) (c)_	- Chroling a			19 WAS AUTOPSY
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT POATED TO	THE TERMINAL DISEASE CONDITION G	IVEN IN PART 1(0)	PERFORMED?
200 ACCIDENT WOOD OR CONTRIBUTION OF CONTRIBUTION OF FITHER NOTE	VAS JINDERLYING 🗀	205 DESCRIBE HOW INJURY OCCURRED	(Enter active of injury in Post 1 or I	Part II of stem 18 \	AEZ NO X
OR CONTRIBUTION	NG CAUSE OF CEATH	209 DESCRIBE HOW RISORT OCCURRED	(Cities indicate at milary in Post 1 at 1	- Of the Real Pay	
= (1) Ellinett, 110 111	FY MEDICAL EXAMINER) 1JURY Month, Day, Year	20d INJURY OCCURRED 20e PU	ACE OF INJURY (Home, form, 201	(City or tawn)	County) (State)
Hour (a.m. 19	White Nat While of work	ctory, street, affice bldg., etc.)	1	
	·	attended the deceased from	Unek 3 1966	10 to 1 3 N	Z, that (I) (we) las
saw the	deseased alive on Tel		at death accurred at	M, from causes and on	the date stated above
220. SIGNATUR	12/1/	has lesson	ATTENDING MED.	STAFF 22b.	DATE S GNED
X fi	44/11/11/11	The tem	ID. PHYS DIRECTOR		19/6/
226 PHYSICIAN NUME (Typ	pe) Ju SPH	THESHE V	22d. ADDRESS	ROTO, SIVERN	1. 93/
Ma Distra Correct		23c MAL OF CEMETERY OR		LOCATION (City or Town)	(County) (State)
23a. BURIAL, CREMA REMOVAL (Speci	6.4			` '	
24 FUNERAL DIRECT		ADDRESS	25a REC'D BY REG	len Burnie, N	
	SINGLETON	GLEN BURNIE. MO			andr Cidas

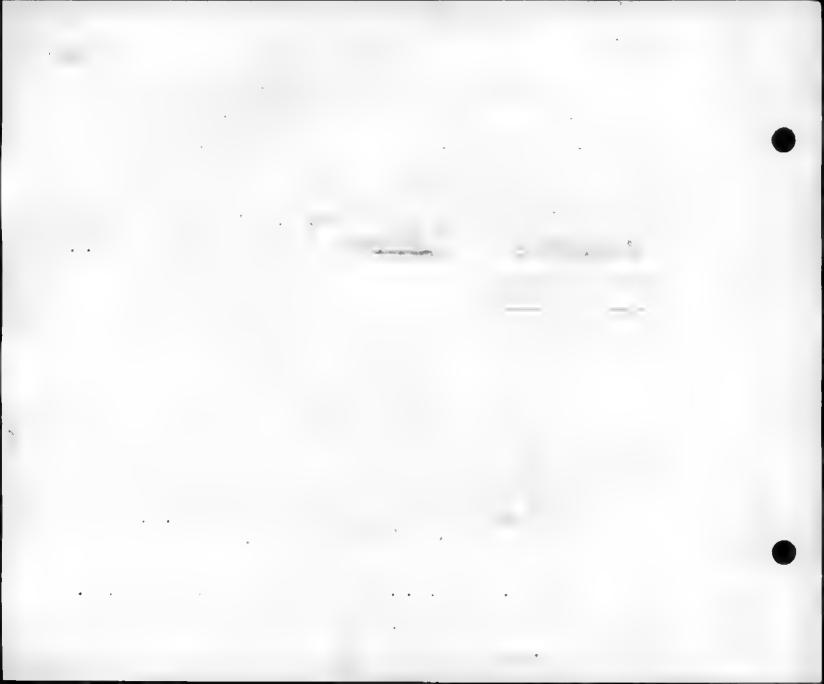
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, again day event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 1 21 M 1/66



		CERTIFICATE	. OI DEAIII		1111586
1. PLACE OF DEAT	Н			Where deceased lived, if institution	n Residence before admission)
o. COUNTY	Anne Arund	el MARYLAND	q. STATE Mary	land b. COUNT	Anne Arundel
	N (If outside corporate limits,	c LENGTH OF STAY IN 16		itside corporate om ts. write RURA	AL and give nearest town)
write KURAL	and give nearest town)		Anna	polis	
	SPITAL OR INSTITUTION (If not in F	nospital, give street address)	d STREET ADDRESS	<u></u>	e IS RESIDENCE
Anne Arw	ndel General Ho	spital	1210 Ster	ling Circle	ON A FARM? YES NO
3 NAME OF DECEASED	John	Middle Louis	NORTON	4 DATE Month OF Februa	2 (7
(Type or print) S SEX			8. DATE OF BIRTH	9 AGE (In years	FUNDER 1 YEAR IF UNDER 24 HR
Male		DIVORCED DIVORCED		lost birthdoy)	Months Days Hours Min.
100 USLAL OCCUPA	TION (G ve xind of work done	10b KIND OF BUSINESS OR	June 10, 19	O1 65 YIS 1 & State, or foreign country)	T 12 CITIZEN OF WHAT
during most of work	sna life, even (f. etired)	INDUSTRY USGILDING	BALTO.	Maryland	COUNTRYS
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
JOHN	L. NORTON		3	GALT	
1S WAS DECEASED	EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17.	INFORMANT	Addres	\$
(Yes, no, or unknow	(If yes give wor or dotes of serv	(ce)	AUDE B. 1	VORTON #	2
	DEATH (Enter only one couse pe		1		INTERVAL BETWEEN
PART 1	DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (o)	Bonchagen	1 (asch	enounce_	ONSET AND DEATH
1601		1			
	ony, which gove) (b)	<u> </u>			
	liote couse (o), DUE TO				
last.	(c) _				
PART II OTHE	R SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19 WAS ALTOPSY PERFORMED?
SE					YES NO
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Port I or Port II of Hem 18)	
20c. TIME OF	INJURY Month, Doy, Year		CE OF INJURY (Home, form	20f (City or town)	(County) (State)
물 Hour	o m.	While Not While of work of work	tory, street, office bldg., etc.		
21 l ce		ottended the deceased from	8/16	966 , to Feb. 2.	. 1967, that (I) (3/24 la
sow the	deceased glive on Fe	b. 12 19 67, and the	t death occurred at		nd an the date stated above
220. SUSNAT	× // ///	13/1//	ATTENDING	MED STAFF	22b. DATE SUSNED
KI	Charact of	Mackenay M.	D PHYS IX.K	DIRECTOR PHYS.	2/3/67
22c PHYS CIA NAME (T			22d ADDRESS	in St Annana	Tin Md
	icicharu 1. n			in St., Annapo	
230 BURIAL, CREM		267 HILLEREST	11	23d LOCATION (City or Town	1111111
24 FUNERAL DIRE	CTOR	ADDRESS	1 1		ISTRAR'S SIGNATURE
NOHN /	M. TAYLERIJONS	HNNAPOLIS IN	DATE DATE	FR 8 1367	Judge Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending enviscion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. retrificate be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death, Rage 4 may be retained by the hospital im attending physician.

JOHN M. TAYLERISONS HUNAPOLIS MD.



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Page 4 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

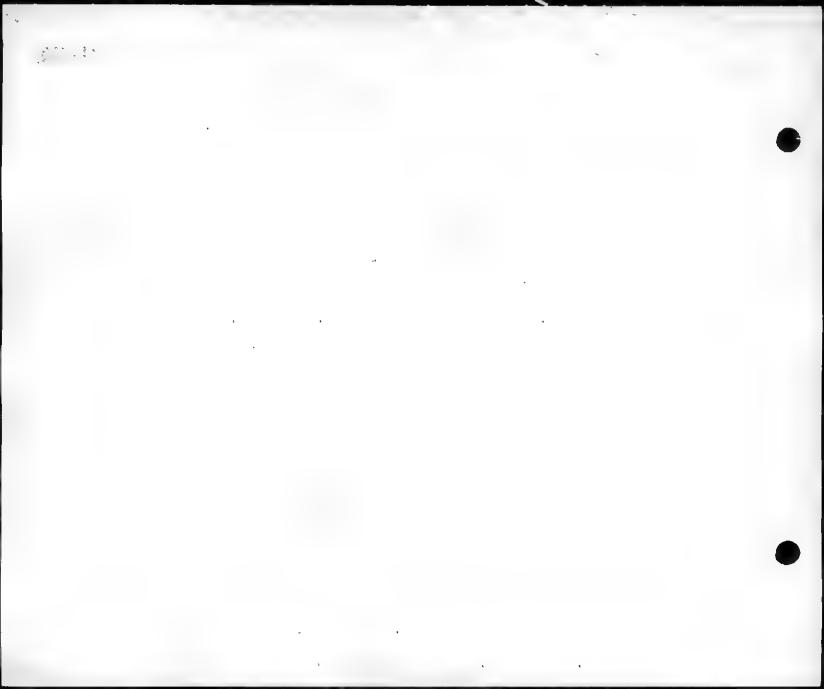
	U103U CERTIFICATI	L OF L	LATI		01004
1.	PLACE OF DEATH a. COUNTY	2. USUAL a. STA			ution: Residence before admission) Inne Arundel
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH-OF STAY IN 1b	c. CITY OF		le corporate limits, write	RURAL and give nearest town)
	write RURAL and give nearest town)			Severna Park	21146
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET		1 Linda Lane	9. IS RESIDENCE ON A FARM? YES NO PC
3.	NAME OF First Middle	Last	1 4.	DATE Month	Day Year
	DECEASED (Type or print) (S) . J.	261	e. I	DEATH 2-8-C	19
5.	f and the state of	Peb. 2	BIRTH 3. 1884.	9. AGE (In years IF M	UNDER 1 YEAR IF UNDER 24 HRS. Onths Oays Hours Min.
100	WIDOWED DIVORCEO DIVORCEO			yrs. k State, or foreign country)	12. CITIZEN OF WHAT
dur	ing most of working life, even if refixed) INOUSTRY	and the state of t	Penna.	country or foreign commany	COUNTRY? USA
13,	FATHER'S NAME	14. MOTH	ER'S MAIDEN N		-
	August Bartholomew			Sybilla Di	Letz
15 (Ye		s. Jul	ia O. Sa	Address	(Same)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]) ^	00	. 0-	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): MY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): PART I. DEATH WAS CAUSED BY:	rol	duf	olelle	4
	Conditions, If any, which	A).	0		
	gave rise to immediate	ND			
	cause (a), stating the underlying cause last.	X	~	,	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TOTHET	ERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO K
CERTIF	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Ente	r nature of Injur	y in Part I or Part II of I	tem 18.)
MEDICAL	facto	CE OF INJUR	Y (Home, farm, ice bidg., etc.)	20f. (City or town)	(County) (State)
MED	P.m. 19 While Not While 19 18 19 19 19 19 19 19				
	21. I certify that (I) (this hospital) attended the deceased from	1959			, 19, that (I) (we) last
	saw the deceased alive on 19 and that	death occ	urred at		nd on the date stated above.
	Robert Nittolian	ATTENDI PHYS.	NG MED.	TOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) ROBEYT RHAH	W 22d. A		735ev	erno Bil
232	DEMOVAL (Specify)			d. LOCATION (City, tow	
	Burial 2/11/67. Mt. Olivet	Cemete			ore, Md.
	Leonard J. Ruck, Inc. Balto. Md. 21214				ISTRAR'S SIGNATURE
	mack, inc. balto. Md. 21214		DATE FOR	1 1 19 1967	morele Judge.

AI5 (4) M 1/65

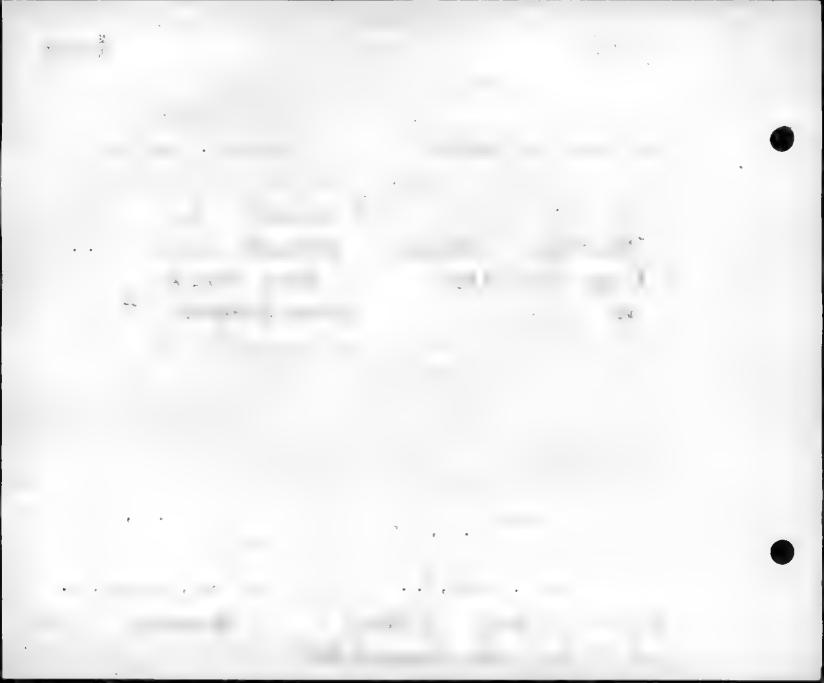


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film p 255 2/17,37 pc

OR STATE		01691 MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH	01688
ALTH DEPT			USUAL RESIDENCE (Where deceosed lived, if institution: Residen to COUNTY A	ce before odmission)
ortment = the flee death.			CTY OR TOWN (1 outs de corporate limits, write RURAL ond give	e nearest town)
E 0			STREET ADDRESS Redge Road	e IS RESIDENCE ON A FARM? YES NO
with with	3	VAME OF First Middle Pt	Lost 4 DATE Month OF PEACH DEATH	Doy Year 9 6 7
18. Give e along w	\$		TE OF BRITH 2/1938 9. AGE (n yeors lift UNDER last birthday) Months 7/1/28 yrs	Doys Haurs Min.
	dur	USUAL OCCUPATION (Give kind of work done property of working life, even if retired) aborer (naturation)		TIZEN OF WHAT JNTRY?
D D D	13	eathers hame fordon Peterson ?	MOTHER'S MAIDEN NAME Jackson	
dical lical		WAS DECEASED EVER IN U.S. ARMED FORCES? The polytopin of the service of the serv	Address Address Sa. Edith Peterson-Sa	me
d "pendri Chief Mac fransit per		B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY MMEDIATE CAUSE (c)	I Skeel	UNSET AND DEATH
war the rriol-		/ / Conditions, if ony, which gove nose to immediate cause (a),		
) _		stoting the underlying couse (c)		
5 5	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TE		19 WAS AUTOPSY PERFORMED? YES NO
Price Price	I CERTIFICATION	PRIMARY DOF CONTRIBUTING CALSE OF DEATH	I notice of intry in Port I or Port I of item 18)	
e the a 4 st aur fi age 3 amen	MEDICAL	20c TIME OF INJURY Month, Doy Year Hour a m p m G an 19 C7 ot work 20d NJURY OCCLRRED 20e PLACE OF foctory: st ot work	(r. / 111)	inty) (Stote)
exect dranger. Por for TOR:		21. I certify that I tack charge of the remans described above, held are deoth resulted from Naryal causes , Accident , Suicide [and in my opinio
please all direct retains retains its dasse		ACTUAL SIGNATURE ME	CHIEF MEDICAL EXAMINER D ASSISTANT MED CA. EXAMINER	22. DATE SIGNED
merensary, the funeral 5 may be r o FUNIRAL math mr it	-00	EXAMINER'S NAME (Type) E. LINHA ROY.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	2/4/67
	L	BLRIAL CREMAT ON, 23B DATE THEREOF 23C NAME OF CEMETERY OR CREMIT BULL OF CONTROL OF CON	ATORY emetery Balto. ((ity or Town) 250 REC D BY REGISTRAR 250 REGISTRARS S	
VR A15ME (5)	1 /	conard J. Ruck Ina. 5305 Harford Ra	- 10 to 10 t	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01692 CERTIFICATE OF DEATH within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived of institution. Residence before admission) o. COUNTY b. COUNTY Anne Arundel Anne Arundel Maryland MARY! AND b. CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c CFTY OR TOWN (If outside corporate firm ts, write RURAL and give nearest tawn) write RURAL and give nearest town) thin 72 hours RURAL - Annapolis Annapolis 1 week d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS .⊑ ON A FARM? 3 Riverview Ave., Weems Creek Anne Arundel General Hospital NO. completely finave carboo NAME OF First Middle 4 DATE Last Month event DECEASED February POCHATKO Nick Jeseph (Type or print) DEATH S SEX 6. COLOR OR RACE IF UNDER 1 YEAR DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Manths Days Haurs White Male signed by the attending physician and co burial-transit permit. Then please remay burial, crematian, or remaval, and in any i WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CITIZEN OF WHAT (County & State, or fareign country) requires that the death certificate be during most allworking lifet even if retired) INDUSTRY ' COUNTRY? Pennsylvania 13. FATHER'S NAMI Address 16. SOCIAL SECURITY NO (Yes, no, ar Johnawn) (If yes give war or dates at service INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per-line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. Conditions, if ony, which gove nse ta' immediate cause (a), DUE TO stating the underlying couse as the has been ATTENDING PHYSICIAN: The law last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPS! PERFORMED? NO. ficate 20a. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) factory, street, office bldg., etc.) After at work Feb. 22, 1967, that (1) (we) ast be retained M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22b DATE SIGNED STAFF 8 director, page 3 M.D 22d. ADDRESS TO HOSPITAL NAME (Type) Peter F. Verkouw, M.D. 1407 Forest Drive, Annapolis, Md. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREO ((Gunty) (Stote) VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01693 by the funeral Pages 1 and 2 nours after death The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institut on Residence before admission) g. COUNTY COUNTY rely filled in by the fune bon papers. Pages 1 o within 72 hours after d NNE b CITY DR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) LIFE ANNAPOLIS d STREET ADDRESS e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) DN A FARM? NO X pou 3 NAME OF First Middle Lost 4 DATE Month DECEASED TRICE DEATH (Type or print) ease remaye co and in any event IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years last birthdov) Doys Hours WIDOWED DIVORCED 10a USUAL DCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) lease 13. FATHER'S NAME ar removal, IS WAS DECEASED EVER IN J.S. ARMED FORCES? INFORMANT Address (Yes, no, ar unknown) (f yes give wor or dates of service) signed by the after burial-transit permi burial, crematian, a CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-ETASTASES IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO OF SIGMOID Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been be detached far use as the State Dept. af Health prior ta last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO IO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour om. foctory, street, office bldg., etc.) While Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram. 196210 . 19____, that (I) (we) last be retained director, page 3 shauld shauld be filed with the A. M, fram causes and on the date stated above. and that death occurred at Q saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS TO HOSPITAL Page 4 may b 22d. ADDRESS 22c PHYSICIAN S NAME (Type 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Cedar Bluff Cemetery annapolis FUNERAL DIRECTOR Hopping 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Be-executed within 24 hours after death, TO BOSFITAL OR ATTREDIMG MYSIGMN: The law requims that the demth certification.

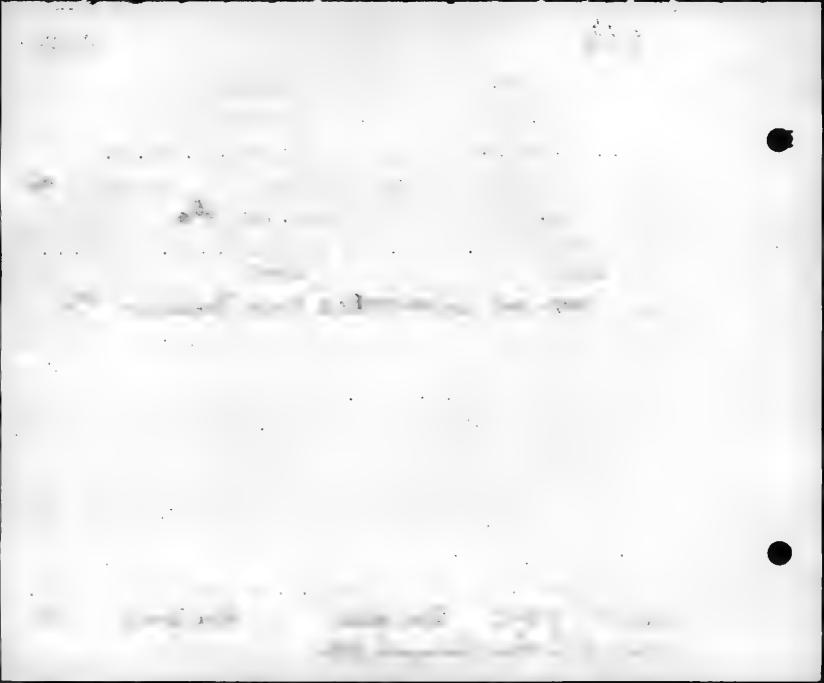
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a∎ completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

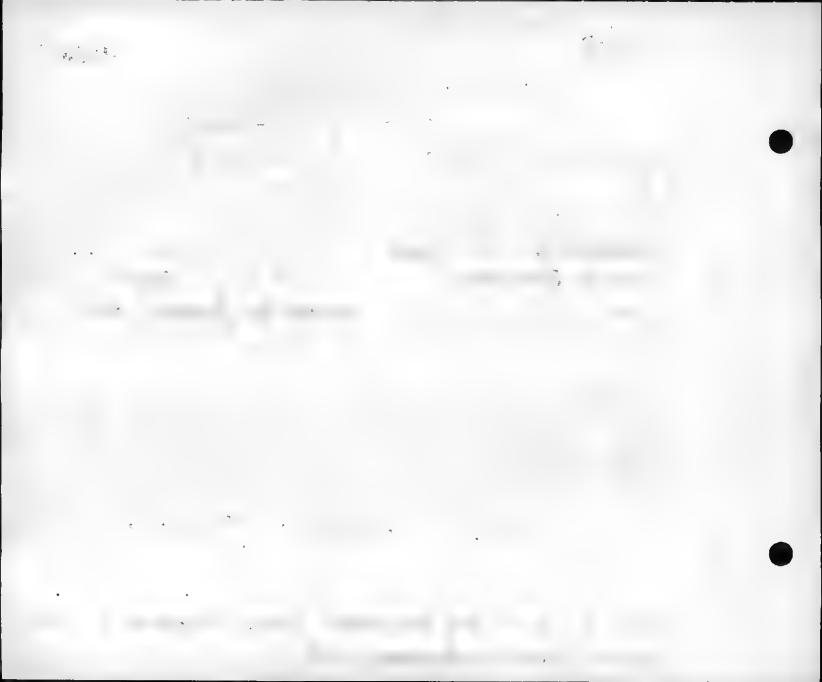
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	OTOR		CERTIFICAT	E OF DEATH		01601
1.	PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE a. STATE	E (Where deceased lived, If institution: Re	sidénce before admission)
-	b. CITY OR TOWN (f outside write RURAL and give ne	ARUNDEL e corporate limits, earest town)	MARYLAND c. Length of Stay in 15	MARY	EAND ANN Fourside corporate limits, write RURAL	
-	d. NAME OF HOSPITAL OR IN	LIS	30 YFARS spital, give street address)	ANNAPOT d. STREET ADDRESS	IS	e. IS RESIDENCE ON A FARM?
	U.A. NAVAL	HOSPITAL.		2/ BOX	WOOD RD ANNA MD	YES NO
Э.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Oay Year
	(Type or print)	HARRY	KENNETH	RICHARDSON	DEATH FERRILARY	5 1961
5.	SEX 6. COLOR C	DR RACE 7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years IF DNDER :	YEAR IF UNDER 24 HRS.
1	MALE CAU	MIOOMEO	DIVORCEO	20 NOV. 190	1 Vis.	
1 0 0	a. USUAL OCCUPATION (Give kin ring most of working life, ever	n it retired) INI	VO OF BUSINESS OR DUSTRY	II. BIRTAPLACE (Co		TIZEN OF WHAT UNTRY?
MA	STER AT ARMS N.	AVAL_ACAD.	CIVIL SERVICE	SANTA BARB	ARA, CALIF.	U.S.A.
1	U.NK.			UNK.	IN NAME	
1	5. WAS OFCEASED EVER INU S.	ARMED FORCES? 16 S	OCIAL SECURITY NO. 17.	INFORMANT	Address	
		r or dates of service) - 1945 2/	6-44-5749 81	SIE MARIE	50111	#2
	18. CAUSE OF DEATH [Ente		e for (a), (b), and (c).]	4		INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CA	E CAUSE (a)	sture of 1	FORTIC AN	EURYSM	311021 File 32111
	M=177	DUE TO	r. U.		,	T 14 .
	Conditions, if any, which gave rise to immediate	(b) gin	eralized a	remodel	resid-	Tmment ato
	cause (a), stating the underlying cause last.	DUE TO les	pertension			
NO.	PART II. OTHER SIGNIFICANT		ING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(8)	19. WAS AUTOPSY PERFORMEO?
TCA	CM	onic ou	structure E	mphysem	de	YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERSOR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICA	LYING 20b. DE E OF OEATH IL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of Item 18.)	
CAL	20c. TIME OF INJURY Mon	ith, Day, Year 20d. IN.	JURY OCCURRED 20e. PLAN	CE OF INJURY (Home, far	m, 20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m.	19 at work	— Mor wille —	ry, street, officabldg., et	C.)	
		this bosnitall attended	the deceased from 5	FEB 19	67 pto 5 FEB , 19 6'	Z, that (I) (NGI last
-	21. I certify that (I) (t	mis mospitall attenuet				
	21. I certify that (I) (t saw the deceased alive				21M, from the causes and on th	e date stated above.
	•			death occurred at 5	22b. OA	e date stated above.
	saw the deceased alive			death occurred at 5		
	saw the deceased alive	e on 5 FEB	1967, and that	ATTENDING DEPTHYS. DE	IED. STAFF PHYS. 22b. OA	TE SIGNED
	saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Roge	e on 5 FEB MF F er M. F. SAII	1967, and that NOT M.D CH, IT IC, USD	ATTENDING DATE OF THE PROPERTY	IED. STAFF PHYS. Annap	olis, Md. =
23	saw the deceased alive 22a. SIGNATURE 22c. PHYSIGIAN'S NAME (Type) Roge	e on 5 FEB MF F er M. F. SAII	1967, and that NOT M.D CH, IT IC, USD	ATTENDING DEPTHYS. DE	IED. STAFF PHYS. 22b. OA	olis, Md. =
	saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Roge	e on 5 FEB MF F er M. F. SAII	1967, and that NOT M.D CH, IT IC, USD	ATTENDING DAYS. CONTROL OF CREMATORY	IED. STAFF PHYS. Annap	olis, Vd. = (state)

VR AJ5 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01695 CERTIFICATE OF DEATH within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased eved, if institution, Residence before admission) o. COUNTY b. COUNTY Maryland Anne Arundel Annapolis ve carban papers. Pages I event, within 72 haurs after b City OR TOWN (If outside corporate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 33 days RURAL - Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ≘. campletely filled in nove carban paper NO W Loretta Heights YES 🗍 Anne Arundel General Hospital 3 NAME OF Middle DATE Month Doy Year DECEASED OF DEATH RIGGINS 19 67 February (Type or post) Daisv none executed 9. AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Haurs July 29, 1886 Female. Whi te WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY, HOME requires that the death certificate be during good of working the even if retired) COUNTRY? Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME VOSEPH AVIDSON WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT W. RIGGIUS #2 (Yes, no, or unknown) (If yes give war or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (o), stoting the underlying couse PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO XX ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) at work TO FUNERAL DIRECTOR: After of work 21. I certify that (I) (the descript) attended the deceased from Jan. 10. , 19 67, ta Feb. 12., 19 67, that (I) the last be retained saw the deceased give an Feb. 12. 19 67, and that death accurred at M, fram causes and an the date stated above. 22b. DATE SIGNED 220 SIGNATURE director, page 3 should be filed v M D DIRECTOR PHYS 22d ADDRESS 22 PHYSICIAN'S O HOSPITAL NAME (Type) 121 Cathedral St., Annapolis, Md. 230 BURIAL, CREMATION REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

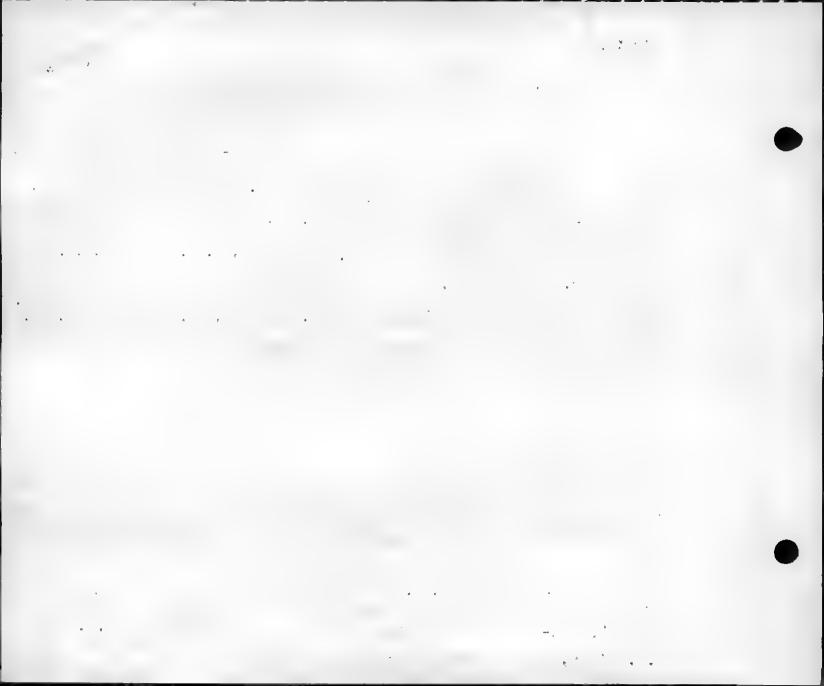
01696)		CERTIFI	CATE	OF DEATH			0169	3		
1. PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased 1've					
o. COUNTY An	ne Arundel		MARYL	AND	o. STATMaryla	and	AUUS.	Arunde]			
b. CITY OR TOWN	(If outside corporate limi	its,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou						
_	id give neorest town)		4 month	15	Annapo	lis					
d. NAME OF HOSP	TOWNS VILLE	ot in hospital,	give street oddress)	- 1	d. STREET ADDRESS			e.	IS RESIDENCE		
Crown	sville Sta	ite Hos	pital		146 0	bery Co	urt	YE	ON A FARM?		
3. NAME OF	-	irst	Middle		Lost	4. DATE	Month	Doy	Year		
(Type or print)	J	lohn	Henry	Ro	binson,Jr	OF DEATH	2	7	1967		
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	₿ .	DATE OF BIRTH	9. AGE		UNDER 1 YEAR I	F UNDER 24 HRS Hours Min.		
Male	Negro	WIDOWED	DIVORCED		ept. 22,]	1951 "Ï	birthdoy) Me 5 yrs.	ontins Doys	nours min.		
	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign c	ountry)	12 CITIZEN OF \ COUNTRY?	WHAT		
during most of Werkin	Sur.				Washingto			U.S.A	4.		
13. FATHER S NAME					14. MOTHER'S MAIDEN N	IAME					
	n H. Robin				Standola	Wright					
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES: ((If yes give wor or doles	of service) 16.	SOCIAL SECURITY NO.	17, 1N1	ORMANT		Address		Anna.		
No			None	Joh	n H. Robir	son, Sr	.146 0	bery Ct	t. Md.		
Conditions, if on use to immedia stoting the und	r, which gove te couse (a),	(b) F TO									
PART II. OTHER !	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO										
OR CONTRIBUTIN	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DI	ESCRIBE HOW INJURY OCC	URRED. (Er	nter noture of injury in f	Port 1 or Port 11 of	item 18.)				
P	m. 19	While at wor	Not While	foctory	OF INJURY (Home, form, street, office bldg., etc.)		or town)	(County)	(State)		
21. I cert	ify that (I) (this ha leceased alive an_	spital) atten	ded the deceased f	ram nd that (10/26 , j death accurred at	9 <u>66, ta</u> ::10 <u>A</u> M, fra		, 19 <u>57</u> , tha I on the date	t (I) (we) las stated abave		
220. SIGNATURI		Vecce	uitu.	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	226 DATE SIGNED 2/7/67)		
22c. PHYSICIAN NAME (Typ	L. Ben	dict,	M. D.		22d, ADDRESS Crownsvil			tal,Mar	ryland		
236 BURIAL, CREMAT	ON. 235 DATE TH	HEREOF	23c NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCATION	(City or Town)	(County)	(Stote)		
REMOVAL (Specif	v1 1						, ,		24.2		
REMOVAL (Specific Buris 24 FUNERAL DIRECT	2-11-	67	Brewer	Hil:	L lac areia	Annapo BY REGISTRAR	11a	A.A.	Md		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the douth certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

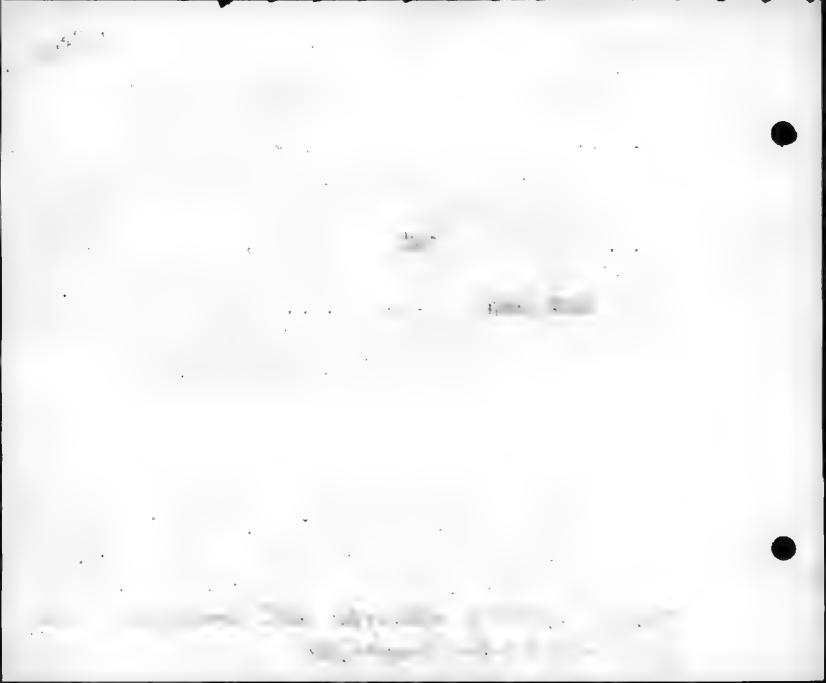
TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending profice and completely f.lled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. The press remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Realth prior to buriol, cremation, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Reside a. COUNTY a. STATE **b. COUNTY** bon papers. Pages 1 within 72 hours after Anne Arundel

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland MARYLAND Anne_Arundel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Ξ Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Annavolis filled d. STREET AUDRESS B. IS RESIDENCE DN A FARM? Naval Hospital 1220 McKinley Street No X YES etely carbon 3. NAME DE First Middle DATE Last Month Year DECEASED DF event, (Type or print) DEATH LAMBUTN ROBINSON February 1967 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months Hours and апу WIDOWED [DIVORCED January 1909 Cauc 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ВП during most of working life, even if retired) INDUSTRY COUNTRY? and attending physici rmit. Then pleas Baltimore. Marvland U.S. removal, 14. MOTHER'S MAIDEN NAME Oscar Robinson Henrietta Lambd**i**n 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1220 AddresKinley St. 6 death (Yes, no, or unknown) | (If yes give war or dates of service) Annapolis. Maryland 219-34-0716 Mrs. Robinson the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) been signed to the burial-tran or to burial, cra The law requires that **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause tast. has as CERTIFICATION PART (I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use f Health PERFORMED? certificate YE\$ ND 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) DIRECTOR: After this certing 3 should be detached led with the State Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While 3 Not While at work at work retained 21. I certify that (I) (this hospital) attended the deceased from 11 Feb 19.67 to 11 Feb. saw the deceased alive on 11 February 1967, and that death occurred at 8:20 M. From the causes and on the date stated above. 22a__SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR STAFF PHYS. 11 Feb. 1967 4 may PHYSICIANS FUNERAL 22d. ADDRESS director, p NAME (Type) John Co Annapolis. DATE THEREOF BURIAL, CREMATION. 23b. MAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or county) (State) 0 REMOVAL (Specify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25a. VR A15 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01695

1	PLACE OF DEATH						ENCE (W	There deceased lived			e before adr	mission)
	o. COUNTY ANNE	ARUNDEL		MARYLA	IND	o. STATE b. COUNTY						
	h CITY OR TOWN (Louis	side cornorate limit	s,	c. LENGTH OF STAY IN	1b	c CITY OR TOWN	(If out	side corporate limit	s, write RURA	L and give	nearest tov	vn)
	write RURAL and give			5 months		Baltimore						
-	d NAME OF HOSPITAL OF		ot in hospital, g			d. STREET ADDRE		more			e is	RESIDENCE
	Crownsvi	lle Stote	Hoenid	-al		1013	Mon	y Ave.			YES	NO V
3	NAME OF		rst	Middle		Lost	1101	4. DATE	Month		Day	Year
	DECEASED (Type or print)#3333	R2 A1	berta	Α.	E	Ronspies	ļ	OF DEATH	2		77	19 67
S		COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (IF UNDER 1		INDER 24 HRS
F	Temale V	White	WIDOWED	DIVORCED		11/15/ 1	900		1.7	Months	Doys Ho	ours Min
10	o USUAL OCCLIPATION (GIV	e kind of work done	10b K I	ND OF BUSINESS OR			- / V V	State or foreign co	untry)		ZEN OF WH	AT
du	ring most of working life, i	etired B	romo Se	DUSTRY Co.		Maryl	hne			100	NTRY?	
	B. FATHER'S NAME					14. MOTHER'S MA		AME				
	Albert Ax Ronspi	0.5				N.A.	Aine	Anna	Taylo	or		
15	was DECEASED EVER in les, no, or unknown) (If ye	U S ARMED FORCES?	16.3	SOCIAL SECURITY NO	17 11	FORMANT	ICLA IA	A.A.B.	Address			
(Y	res, no, or unknown). I(It ye	es give war or dates o	of service) <.1.	/-22-0113		Hospita	ם די	o a a wala				
F	18. CAUSE OF DEATH	(Enter only one cou			<u> </u>	повртьа	<u> </u>	ecoros			INTERVA	L BETWEEN
П	PART I DEATH W	AC CALLCED DW		luent Brond	hon	neumonia	B-	ilateral			ONSET A	AND DEATH
		DUE		140110 21011	2220		<u>, ,</u>	<u> </u>				
	Conditions, if ony, whi	ch gove		matic Heart	t Di	sease						
	rise to immediate con											
	stoting the underlying couse Grant Course Grant											
2	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)										19 WAS	AJTOPSY FORMED?
CERTIFICATION	Old Myocan	dial Inf	art. TR	C-Right Lur	1 cr	Tnanitio	n				YES -	
180	200 ACCIDENT WAS UNI	DERLYING 🗆		SCRIBE HOW INJURY OCC				Port I ar Port II of i	tem 18)			
E	OR CONTRIBUTING CO											
MEDICAL	20c TIME OF INJURY		20d 1N	IJURY OCCURRED 2		E OF INJURY (Hom		, 20! (City	or town)	(Cour	nty)	(Stote)
MED MED	Hour a.m.		While at work		focto	ny, street, office old	lg., etc.)					
				ded the deceased fr	ram	9/19/	, 1	8_66, to	2/17/	. 1967	, that	(I) (we) los
	sow the deced		2/17/	19 <u>_67</u> , ar	id that	death occurre	ed at	©:00 M, fron	couses o	nd on the	e dote st	ated obove
	220 SIGNATURE	///		27		ATTENDING		Α.	STAFF _	22b. DA	TE SIGNED	
ш		140	welle	W	M.D	. PHYS			PHYS	2/:	17167	
	22c. PHYSICIAN'S NAME (Type)	V		,		22d. ADDRES	-	133 01-1	- TY		Ma	
	Invest (14he)	L. Bened					nsv.	ille Stat			, Ma.	
23	DEMOVAL (Specific)	23b DATE TH		23c. NAME OF CEMETE				23d LOCATION			County)	(Stote)
	REMOVAL (Sparity)	2/21/	67.	Mt. Olive	t Ce				shingt		o.c.	
	4 FUNERAL DIRECTOR	Ruale T-	Dell	ADDRESS Mal 24 24	Ť.			BY REGISTRAR		STRAR'S SIC	SNATURE	see
1	Leonard J.	reack, Inc	TEG .:	0. Pd. 2121	12	DAT	TEF !	B 2 0 198		Charlian()	-0 X	- 97

TO FUNERAL DIMICTOR: After this certificate has been signed by the attending Reys clan and ampletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Dept of Health prior to burnal, cremotian, or remayal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01699

CERTIFICATE OF DEATH

01696

1 /		02000									0 2				
		PLACE OF DEATH			· · · · · · · · · · · · · · · · · · ·		2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. STATE b. COUNTY								
i	(o. COUNTY	e Arundel		MARY	/LAND		[vers	and		unii nne Ar	unde	1		
	1	CITY OR TOWN (If outside corporate mits d give nearest town)	i,	c LENGTH OF STAY I		c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)								
			Burnie		2 % da	vs	P	asad	ena			. 1			
1	(AL OR INSTITUTION (IF no			d STREET AD						ON A FA	ARM?		
L			Arundel Hos					1.2		a Beach				NO 🔀	
	1	NAME OF DECEASED	_	rst	Middle		LOS†		4 DATE OF		ath	Doy	Yeo		
		(Type or print)	Baby				arlett		DEATH		T F UNDER	20	196 I IF UNDER		
	5. 3	2FX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	即	8. DATE OF BIR	IH		 AGE (In years tost birthday) 	Months	Doys	Hours	Min.	
		Female	White	WIDOWED	DIVORCE		2-17-67			Yrs.		1.			
	100 duri	USJAL OCCUPATION	IG ve kind of work done		ND OF BUSINESS OR DUSTRY		11 BIRTHPLA	CE (County		oteign country)	CC	TIZEN OF DUNTRY?			
	-	Mone		VI.	one		Anne	Arm	ndel ,	Marylan	d	II S	-		
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME						
		Thomas	Bruce Scar	lett			Dorl	ene	Paker	7					
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17.	NFORMANT		2,0210-	Ade	iress				
	(18		(If yes give wor or dates o			Mo	ther"s	char	t						
		IR CALISE OF D	EATH (Enter only one cou		(a), (b), and (c),			4		^		INT	ERVAL BET	TWEEN	
		PART I. DEA	TH WAS CAUSED BY:		Pos	or Va-	bra a	1-5/	251	mdon	med	ON:	SET AND D	DEATH	
		772	5 IMMEDIATE CAUSE		1-4	1	12 1	-	date of the	6		1	14	1	
	Conditions, if ony, which gave (b)											12 0	days		
		stoting the underlying couse DUE TO DUE TO PRIME a he is Z													
		last. (t)													
		PART II OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL D	ISEASE CO	NDITION GIV	EN IN PART 1(o)		19	WAS AUTO	OPSY	
g ^{ag}	10		AA									V	PERFORM S	NO 🚘	
	ξ	206 ACCIDENT WA	CHINDEDI VING	20h DE	SCRIBE HOW INJURY OF	CCHERED	(Enter noture of	iniury m	Port i or Po	et II of item 18 \			ر_ د		
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	203 01	SCRIPT HOTE HOURT O	CCORRED	(tiller liesere or	najory at	101(1 01 10	THE OTHER TOLY					
	At C	*	MEDICAL EXAMINER)	20.1	THINK OCCUPANT	00 PI 6	er or millor /I	1 7	1 001	(City A)	17.			(**->->	
	MEDICAL	Hour o.i		While	NJURY OCCURRED Not White		CE OF INJURY (F ory, street, office			(City or town)	(00	unty)	((Stote)	
	×	pı	m. 19	ot wor			,,	3,,	<u> </u>						
			fy that (I) (this has		ded, the deceased	fram	2/17		19,	to_2/20	47, 19.	, th	iat (I) (we) las	
		saw the d	eceased alive an	2/2	19	and tha	t death accu	urred at	3/-	M, fram causé	s and an t	he <mark>da</mark> t	e stated	d abave	
		22o. SIGNATURE			7		ATTENDING		MED.	STAFF	22b. C	ATE SIGN	ED		
			J - 1/12	1115	U 22	J.M.	PHYS		DIRECTOR	PHYS.	04	12	0/4	7	
		22c. PHYSICIAN'S		R.	MUNES	~	22d. ADD	RESS	~	tehre	11		/		
/		NAME (Type	Dilvingo	3	ruanss	5 2	10	04	- Kind	160015		7_			
	23a	BURIAL, CREMATIO	ON, 23b. DATE THI	EREOF	23c. NAME OF CEMI	ETERY OR	CREMATORY		23d. L	OCATION (City or	(own)	(County	(5	itote)	
1		REMOVAL (Specify			27	. 11-				Glen Pur	'	. A.	Co-	1.14	
1	24	FUNERAL DIRECTO		1	ADDRESS	n Har	ven	2So REC'I	D BY REGIST		REGISTRAR'S			214-01	
,0	-	lac Cul		130	*********	HUE		FEB	-		La- No.				
			47		4 2 0 4 0	4		DAR-	NU	UU/ .5	the state of	7 %	The state of the s		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provincing and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carban papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deafth... TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hears ofter death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



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U	4	-	U	7

CERTIFICATE OF DEATH

01697

1.	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)					
	o. COUNTY Anne Arundel Maryland		o. STATE b. COUNTY Anne Arundel				
	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	write RURAL and give nearest town)						
	Glen Burnie 43yrs		(Ferndale) Glen Bornie				
,	d NAME OF HOSPITAL OR INSTITUTION (If not in)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	8 Ferdinand Ave.	8 Ferdinand Ave. YES NO NO					
3	3 NAME OF First Middle		Lost	4 DATE Month	Day Year		
	(Type or print) MARIE		SCHAEFFER	DEATH February	19, 19 67		
5	SEX 6 COLOR OR RACE 7 /	MARRIED M NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years F UNDER			
	Female White W	IDOWED DIVORCED	Dec. 11,189	lost birthdoy) Months	Doys Hours Min.		
10	O USLAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR		8 State, or foreign country) 12 (1	TIZEN OF WHAT		
du	ring most of working life, even if refired)	COUNTRY?					
1/	Homemaker FATHERS NAME	Baltimore, Maryland USA					
144	. PAINERS NAME	14 MOTHER S MAIDEN	NAME				
	Louis Suffner			(unknown)			
1	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of serv	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	#2		
,	No None	214-01-7056-R	John C. S	Schaeffer (Husband) Same as		
	18. CAUSE OF DEATH (Enter only one couse pe		0	^ - 1	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Core Bro-Vascular Caclent ONSET AND DEATH						
	DUE TO arter 2. sclerosio						
	Conditions if any which was a						
	nse to immediate couse (o),						
	storing the underlying couse						
	OST OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY 19 WAS AUTOP						
Z	PART II OTHER SIGNIFICANT CONDITIONS CONTR	NDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?				
Iğ					YES NO		
MEDICAL CERTIFICATION	20o ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)						
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (5)						
e e	Hour o.m.		ary, street, office bldg., etc.)			
	21 Leartify that (1) (this basnital) attended the deceased from 1967 to 44, 18 - 1967 that (1) (we) last						
	220 SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED						
	M.D PHYS. DIRECTOR LI PHYS. L.						
,	22d APORES 1 mg mil nes, il.						
' L	Hanne (tibe) Tr 11 3						
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)		
\	REMOVAL(Specify) Burial Feb. 22.	967 Glen Haven	Memorial P	kl Glen Bornie, Ma	aryland		
2	4. FUNERAL DIRECTOR	ADDRESS	2Sa REC	D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE		
	Richard V. Singleto	n Glen Burnie,	Md. DATE	B 24 1967 Jeliany	es Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove (carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law Equires that the death contificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

" E " will" Has

funeyal should. hours by the fand 2 sideath. filled in I Pages 1 within completely carbon pue physician гетоув please attending certificate ha jo After this detached ATTENDING may eath, Page 4 HOSPITAL

bon papers. Pag within 72 hours attending party the anemas been signed by the anemas burial-transit permit. Then I \$ 0 prior Health ŏ DIRECTOR: 3 should be del page with if filed y S dig VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) · COUNTY b. COUNTYEFFERSON ANNE ARUNDEL OHTO MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest tow, Mingo Junction Fort George G. Meade, Md. d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 316 Carlisle Ave Kimbrough AH Ft Geo g Meade. Md. YES NO P 3. NAME OF Middle DATE Month DECEASED PAUL ALLEN SCHAYES February 67 (Type or print) 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Male Cau December 1945 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U.S. Army Jeffersen. Ohio USA Soldier 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Theodore Schayes Pearl Imogene Malone 15. WAS DECEASED EYER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 316 Cardone Ave Yes no, or unkown) (If yas give werp rdates of service) Ernest Schayes (F) Mingo Junction, Ohio 18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Rheumatic Pancarditis 16 Jan 67 DUE TO Acute Recurrent Rheumatic Fever Feb 67 Conditions, if eny, which geve rise to Immediate cause DUE TO (e), stating the underlying course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIET 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IND 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I of Pert I) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) While Not While factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that (I) (this positive) attended the deceased from 16 Jan 67 19 to 2 Feb saw the deceased alive on 2. Feb.....19.6.7..., and that death occurred at 2:45%, from the causes and on the date stated above. 22e. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type GEO G. MEADE, MD

REMOYAL (Specify) Feb.6. Steuben Cemetery

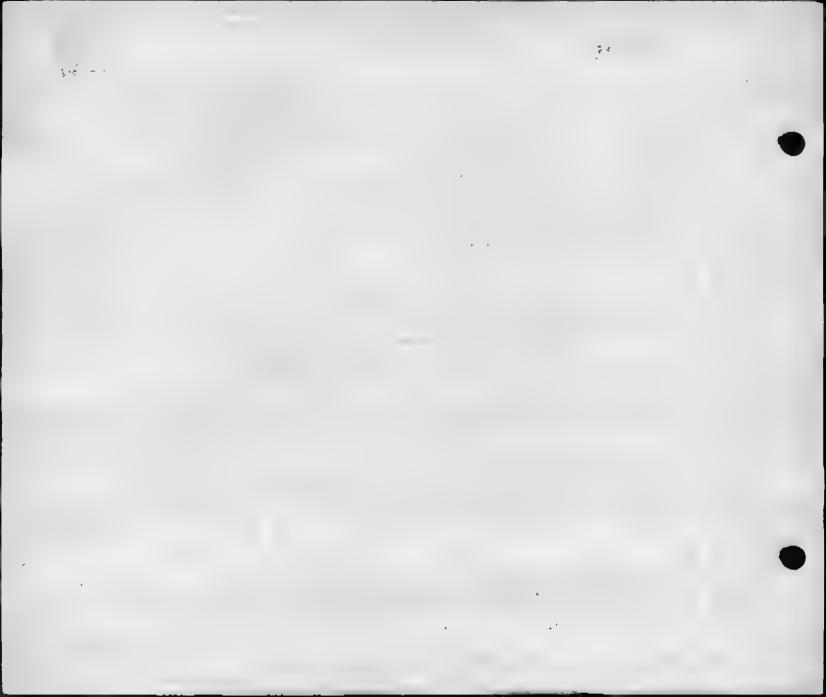
23a, BURIAL, CREMATION, 23b, DATE THEREOF

Steubenville. Ohio 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE lianelas

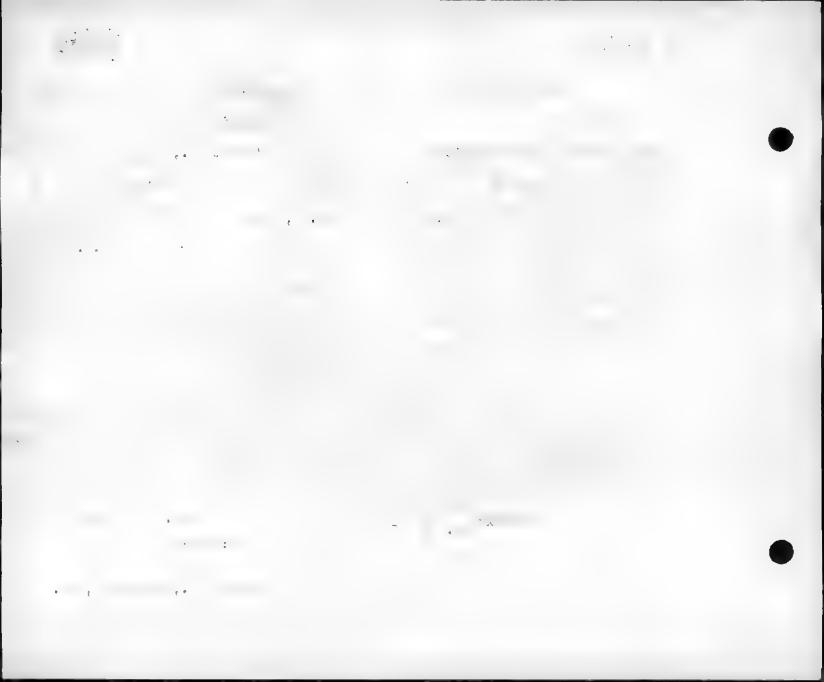
23d. LOCATION (City, town or county)

23c, NAME OF CEMETERY OR CREMATORY

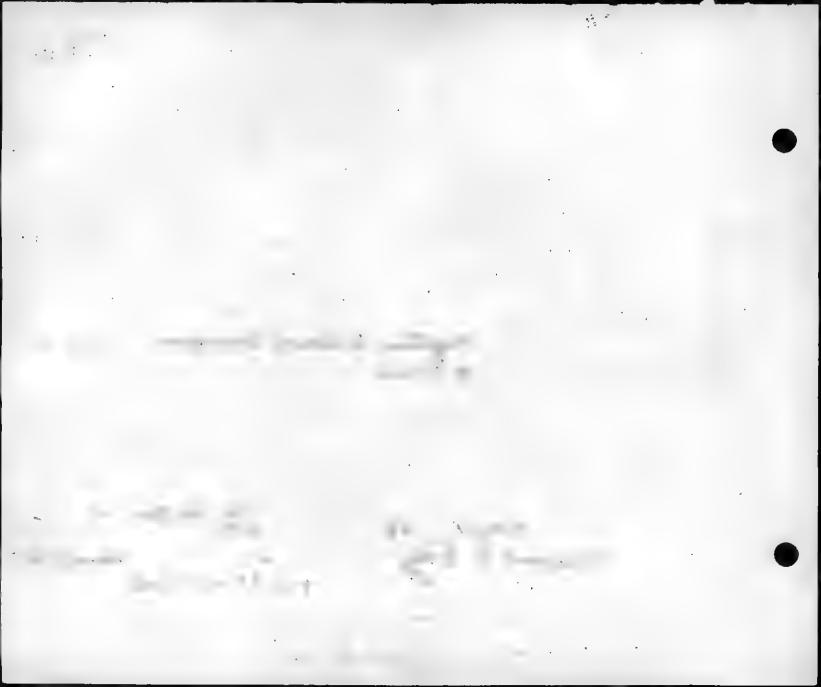
20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01782 CERTIFICATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 3 burial, cremation, or removal, and in any event, within 72 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY **b** COUNTY Anna Arundel Maryland MARYLAND Anne Arundel b CITY OR TOWN (If outside corporate mits, c LENGTH OF STAY IN 1b. c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? filled Anne Arundel General Hospital 1206 West St. NO XX 3 NAME OF Middle Month 4 DATE DECEASED Robert SCIBLE February Henry (Type or print) DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Male White WIDOWED DIVORCED Dec. 5, 1888 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
DISTRICT PLANCES BR Maryland 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service) 1B CAUSE OF DEATH (Enter only one couse per-line for (o), (b), and (c)); INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED? NO XX 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port if of item 18) 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH TO FUNERAL DIRECTOR: After this certi-(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF th, JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour To.m. Not While foctory, street, office bldg., etc.) directar, page 3 should be de shauld be filed with the State . 19 67, that (I) 1006) last saw the deceased glive on Feb. 19 19 67, and that death accurred at to Feb. 19 saw the deceased alive on M, fram causes and on the date stated above. 220 SIGNATURE 22b. DATE S GNED DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S O MOSFITAL 121 Cathedral St., Annapolis, Md. LOCATION (City or Town)



dayee	1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 01703 CERTIFICATE OF DEATH 01700
-	after Tenth	he funeral s 1 and 1 fter death		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 4. COUNTY 4. County 4. County
	Turs	stely filled in by the f bon papers. Pages 1 within 72 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SEVERNA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	within 24	completely filled ve carbon papers event, within 72	1	3. NAME OF PICEASED (Type or print) SOPHIE M. SHEATS DEATH DEATH DEATH 1967
	Xec	and emo any		5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 Mrs. last birthday) Months Days Hours Min. 3 yrs.
	ite bi	hysicia please al, and		during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	atl curtif	ed by th≡ attendin⊑ ph transit permit. Them , cremation, or removal		15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, 1 unknown) (If yes give war or dates of service) Address Address Address
	hat the Me cian.	in signed by the burial-transit pe burial, cremation		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) Respleined als dominal and analysis of the control of the co
	ding p	the tr		Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.
	The farmal or atter	ate use salth		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	PHYSICIAL the hospit	After this certi d be detached f State Dept. of		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
	TENDING tained by	FOR: After should be the State		21. I certify that (i) (this hospital) attended the deceased from , 1952, to feb. 1967, that (l) (we) last saw the deceased alive on 1967, and that death occurred at 500 M, from the causes and on the date stated above.
	Page 4 may be retained by the hospital	TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22a. SIGNATURE Day M.D. ATTENDING MED. STAFF 22b. DATE SIGNED
	Page 4	TO FUNER director should t	1	NAME (Type) EWLAND EDAY 4-8-33 ND ST Ball 23a. purlat, cremation, 23b. Date thereof removes (Specify) 26667 County (Specify) 2667 County (Specify) 2667 County
	VR A 20M	15 (4)	P	26. FUREFAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE Solicités Previous Judge LORFERT C. BARRANCO



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

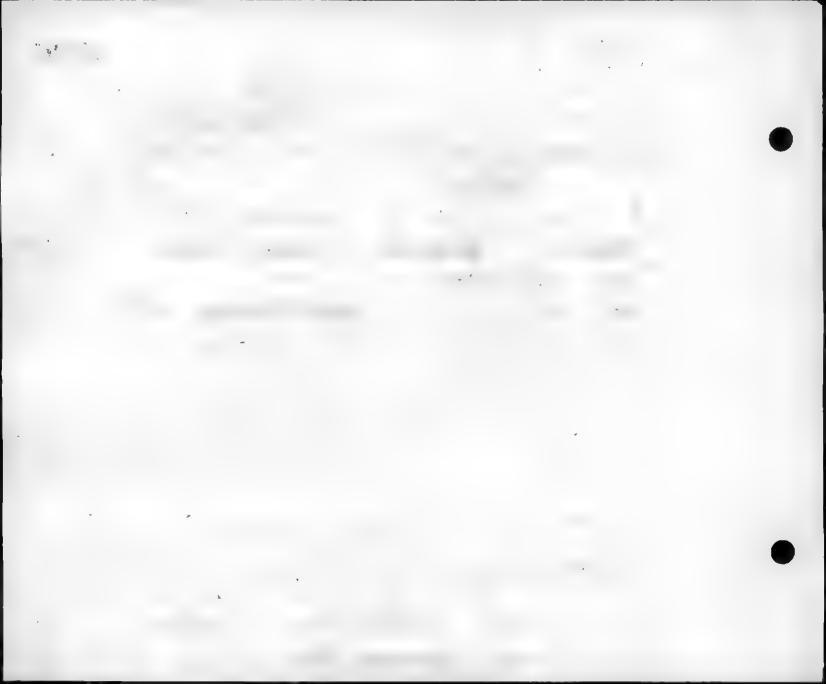
Anne Arundel b CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town) Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 3. NAME OF DECEASED (Type or print) Albert Gary Maryland C CITY OR TOWN (If outside corporate limits, write and state of the state of t	Manth Day Year TI FUNDER 1 YEAR IF UNDER 24 HRS. AND DAY HOURS MIN WILLIAM OF WHAT COUNTRY? U.S. A
Anne Arundel b (ITY OR TOWN (If outside carparate limits, write RURA) and give neorest town) Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospitol, give street address) North Arundel Hospital 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE MIDDOWED DIVORCED DIVORCED July 3. 1952 14. BIRTHPLACE (County & State, ar foreign country Virginia 13. FATHER'S NAME Albert M. Shifflett S. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes give way or dates of service) None MARYLAND Maryland CLEMGTH OF STAY IN 16 CLEYOR TOWN (If outside corporate limits, with a service) and composite limits, with a service) and composite composite limits, with a service composite compos	Anne Arundel te RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO Manth Day Year TA 16.7 ars IF UNDER 1 YEAR IF UNDER 24 HRS. ay) Months Doys Hours Min Yes. 12 CITIZEN OF WHAT COUNTRY? U.S.A
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	PERFORMED?
200 ACCIDENT WAS UNDERLYING \(\) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item I	
OR CONTRIBUTING CAUSE OF DEATH	-,
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or to	wn) (County) (Stote)
Hour o.m. While - Not While - factory, street, office bldg., etc.)	(30.0)
p.m. 17 dt work 🗀 dt work	2 /2 4 10/0 O About (1) (ma) bo
21. I certify that (I) (this haspital) attended the deceased from 2/10, 1967, to saw the deceased plive on 2/1/1967, and that death occurred at 924M, from ca	2/14, 1967, that (I) (we) los
220 SIGNATURE AND	22b DATE SIGNED
MD. ATTENDING MED. STAFF	n 2/14/67
22c PHYSICIAN'S 22d, ADDRESS	66500
NAME (TYPE) MAX CFRANKAN 425 SE PLITE	HIE HUY BUNNICE
230 BURIAL (REMATION. 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City	or Town) (County) (State)
REMOVAL (Specify); F 1 : P 1907 1511-1 C +	
24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 12	66. REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS 1 250. KIRL D D7 KEDISIKAK 1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove Taxban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in afy event, within 72 hours after deafth. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requies that the leath certificate be executed within 24 hours after leath.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01705 CERTIFICATE OF DEATH signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and 2 burial, crematian, ar remaval, and in any every, within 72 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, funstitution Residence before admission) o. COUNTY o. STATE MARYLAND CLENGTH OF STAY IN 15 c CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) 24 hours IS RESIDENCE ON A FARM? INSTITUTION (If not/in hospita, give street address) YES NO Middle DATE Month First Dov DECEASED OF 0 (Type or print) DEATH The law requires that the death certificate be executed AGE (In years IF JNDER 1 YEAR FUNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED **NEVER MARRIED** birthday) Months Doys Hours DIVORCED WIDOWED 10o USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12 CIT ZEN OF WHAT (County & State, or foreign country) during most of working use, even if retired) COUNTRY? 13 EATHER'S NAM attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANI Address (Yes, no, or ynknown) ((If yes give wor or dates of service) INDSOR 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) nse to immediate cause (o), DUE TO stating the underlying couse director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priarta lost OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? OR ATTEMDING PHYTICIAN: 20o. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW MUURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME DF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) flour o.m. While Not-While factory, street, office bldg -etc.) 19 of work 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 1236 M, from couses and an the date stated above saw the deceased alive an 220_STONATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS PHYSICIAN'S Page 4 may TO FUNERAL NAME (Type) OR CREMATORY (Stote) -BURIAL, CREMAT ON DATE THEREO! IDN (City or Town) REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (III) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE o. STATE MARYLAND **EENGTH OF STAY IN 15**

executed within 24 hours after death. by the funeral after campletely filled in carbon remove QFIV oud O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be asp O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then prease should be filed with the State Dept. of Health priar to burial, crematian, ar respicated. Page 4 may be retained by the haspital or attending physician. O

> VR A15 (4) 20 M 1/66

01706

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY h COUNTY CITY OR TOWN (15, outside corporate, write RURAL and a ve nearest jown d STREET ADDRESS S RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO TO Middle 3 NAME OF 4 DATE First DECEASED OF (Type or print) DEATH IF UNDER 24 HR S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHA during most of working life, even if retired) INDUSTRY COUNTRY? armin 13 FATHER'S NAME 17. INFORMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enfer only one couse per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions, if only, which gove rise to immediate couse (a) DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 200 ACC DENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCCURRED-(Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED (Stote) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 fram couses and an the date stated above. saw the deceased alive on DATE SIGNED 22o. SIGNATURE 22b **ATTENDING** STAFF DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN NAME OF CEMETERY OR CREMATORY (County) in 23o. BURIAL CREMATION 23b DATE THEREO LOCATION (City or Town) (Stote) 75th REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01707

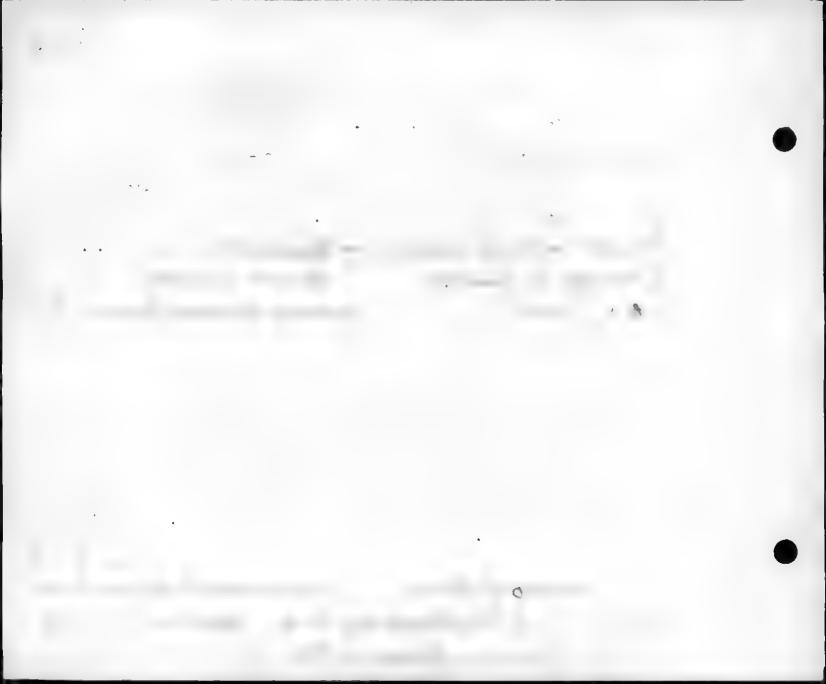
CERTIFICATE OF DEATH

01704

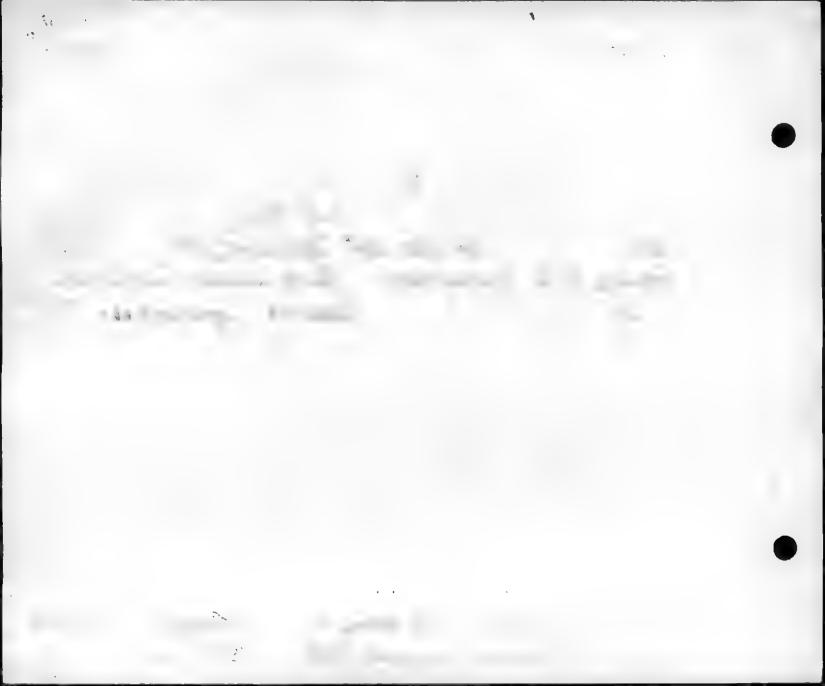
		CENTILICATE	OI DEATH		OTOUR				
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o. COUNTY	Anne Arundel	MARYLAND	- CTATE	yland b. COUNT	Anne Arundel				
h CITY OR TOWN	N (If outside corporate limits,	c LENGTH OF STAY IN 16	11	utside corporate limits, write RURA					
write RURAL	and give nearest town)		ll .		ME GIVE HEGIEST TOWN)				
	napolis	1 mo. 10 da.		ewater					
d NAME OF HOS	PITAL OR INSTITUTION (If not in hospite	al, give street oddress)	d STREET ADDRESS		8 IS RESIDENCE ON A FARM?				
Anne Aru	ndel General Hosp	ital	Box	-257S	YES NO				
NAME OF	First	Middle	Lost	4. DATE Month	Doy Year				
(Type or print)	Roland	Thomas	SOMERS	OF DEATH Februar	rv 3 19 67				
SEX	6 COLOR OR RACE 7. MARRII		8 DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS				
Male	White WIDOW	ED DIVORCED .	Aug. 20, 19	Ol last_birthday) 65 vrs	Months Days Hours Min				
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3. FATHER'S NAME		CONSTRUCTION			7.00				
and the same of th			14. MOTHER'S MAIDEN		,				
	1000 J. SOM		1110112						
S WAS DECEASED I	EVER IN U.S. ARMED FORCES? n) [(If yes give wor or dotes of service)]		INFORMANT	Addres	44.				
Tes, in the low	ii) ith yes give wor or doles or service)	B	LANCHE L	BOZMAN SO	MERS #2				
1B. CAUSE OF	DEATH (Enter only one couse per line				INTERVAL BETWEEN				
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	/ DUE TO	No to Tombe			1				
Conditions if o	un which cove >								
	iote couse (o), DUE TO								
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	WAS UNDERLYING [20b	DESCRIBE HOW INJURY OCCUR CED	(Enter noture of injury in	Port I or Port II of item 16)					
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207 TIME OF I	NJURY Month, Doy, Year 20c	INJURY OCCURRED 20e PLA	CE OF INJURY (Home, for	m, 20f. (City or town)	(County) (State)				
Hour Hour	10 771		ory, street, office bldg., etc.)					
02/1	haur ot a	work U of work U		10/ C/ A. Elala 2	10 67 (10 (10 (10)))				
	rify that (I) this bospood) att			196 √ , to Feb. 3	, 19 <u>_67</u> that (I) (\ va e) lo				
	deceased alive on Feb	3, 19.67, one man	t death accurred of	7:50 AM	nd on the date stoted above				
220 SIGNATU	1 - 6	10	ATTENDING	MED STAFF	22b DATE SIGNED				
	Caract of	12 MI		DIRECTOR L PHYS L	2-4-116/				
22c. PHYSICIAL NAME (Ty		Pacina	22d. ADDRESS	8- A	110-10 Ma				
THORE (1)	KICHARB IV.	PEELER	121CATH	EDRAL ST. HUN	UAPOLIS 17D.				
30 BURIAL CREMA		23c NAME OF CEMETERY OR		23¢ LOCATION (City or Tow	(County) (Stote)				
BURIA	2-6-196	7 PPRING HILL	CEM.	EASTON	ND				
24. FUNERAL DIREC	CTOR	ADDRESS	2SO REC	D BY REGISTRAR 256 REG	HSTRARS SIGNATURE LAR				
loun 1	M TANKAR Sou	18 HUMAPOLIS	MD DATEF	B 8 1961	1.9				
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TO FULLERIC BIRICALE: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then page 1 central papers. Pages 1 and 2 and 2 should be filled with the State Dept. of Health prior to bur al, cremation, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

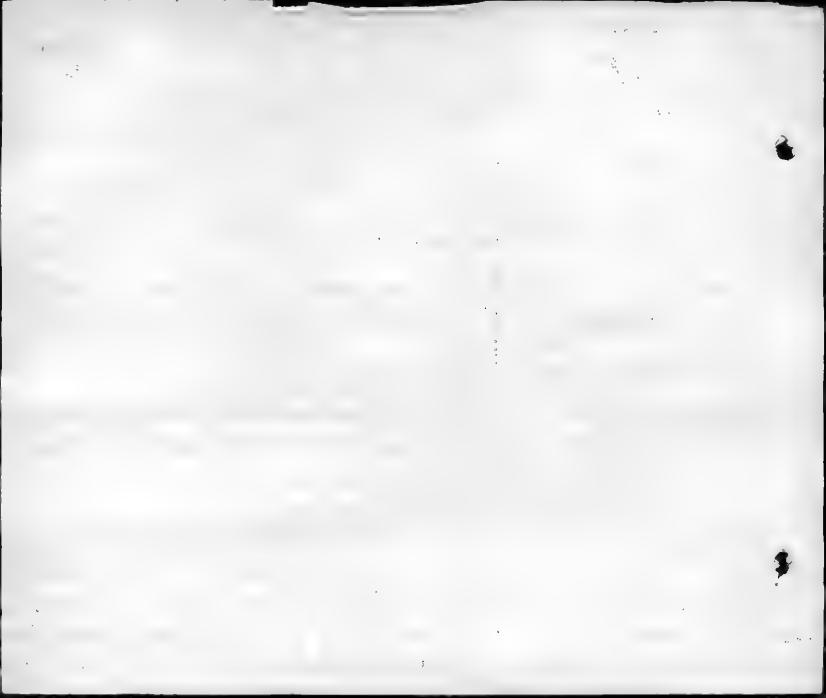
VR A15 (4) 25M 1/67



1 1	Items 18-21 Film 386 3-16MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1967
FOR STATE	01708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0170	5
HEALTH DEPT.	1 PLACE OF DEATH 0 COUNTY ANNE ARUNDEL MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o STATE Maryland Maryland	e odmission)
f any delay is 1, 2, and 3 to m PM3. Page Department of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares write RURAL and give neares town) Annapolis c. LENGTH OF STAY IN 1b Annapolis	t town)
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haurs after death fen 18. Give Page Office along with 1 and 2 with the Stat	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3-21-1900 9. AGE (In yeors lost birthdoy) 1 S. DATE OF BIRTH 1 S. DATE OF BIRTH 1 OF SIRTH 1 OF SIRTH 2 OF SIRTH 3 - 21-1900 1 OF SIRTH 1 OF SIRTH 2 OF SIRTH 3 - 21-1900 1 OF SIRTH 2 OF SIRTH 3 - 21-1900 1 OF SIRTH 4 OF SIRTH 5 OF SIRTH 6 OF SIRTH 6 OF SIRTH 6 OF SIRTH 6 OF SIRTH 7 OF SIRTH 7 OF SIRTH 8 OF SIRTH 8 OF SIRTH 8 OF SIRTH 9 OF SIRTH 9 OF SIRTH 9 OF SIRTH 1 OF SIRTH	IF UNDER 24 HRS Hours Min.
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e Executed to pending" in ef Medical Exist permit. Find the mithin 72	15. WAS DECEMBED EVER IN U.S. ARMED FORCES? Address (Yes, no or which nown) [If yes give wor or dates of service) 16 Address FRANCES Spring Field	#2
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T. P. Far far of the control of the		l in my apinion
eose lirecto rained to bu	ACTUAL CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D Address (Street, city, town, or county) February 26	, 1967
TO DEPUT necessary the funer 5 may be TO FUNE	230 BURIAL CREMATION, 23D DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 13. REMBY AL CORPUST 23. DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 13. REMBY AL CORPUST 23d. LOCATION (City or Town)	(State)
VR A15ME (6)	ADDRESS ADDRESS PEC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE M. Var for Thomas Address Andrew Character Male Date FEB 28 1967 Column	₹E .
P141 17 D7	John M. Vy Tr JAOUS Churchols, Male FEB 28 1967 Polise	and grades



	- 1/1/1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		7	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	ND
-	FOR STAFE	_	01709 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0170	6
	HEALTH DEPT.		PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where daceesed lived, if institution; Residence before)	re edmission)
	necessary, ector. Page rour files. arment of h.		MARYLAND B. COUNTY A CO	1
	r. P file ent		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest	town)
	ecto our hartm		PASADENA 6 YEARS GASADENA	
	lay is necessary al director. Page for your files. Department of death.	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS	RESIDENCE
1	y dela funeral funeral fined fi state D after d		5 S. RITCHIE HWY VES	NO X
-		3.	NAME OF DECEASED (A) First Middle Last 4. DATE Month Day	/eer
				1967
	南の大きつ	5.	to be being a second of the se	DER 24 HRS.
	mand 2 v	1	-EMANE WHITE WIDOWED DIVORCED 10-78-11 Syrs. Months Doys Hours	Mln.
	within	10e do	De. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country)	T COUNTRY?
	es 1		WAITRESS RESTAURANT NORTH (ARCLINA)	SA
	KIR LO	13.	3. FATHER'S MAME	
	11 5 65		EDWITEDS UNKNOWN	
	within 18. Give form int. File	15. (Ya	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT (as, no, or unknown) (Ifyes give war or delas of service)	0 2
			NO - 153014151/1 EPHRAIM STEWART (HUSBAND)- H	DOVE
	Y = 0.2 0		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: ONSET AN	BETWEEN ID DEATH
			IMMEDIATE CAUSE (a) Chellres Chross grant and	
			DUE TO	
	should ig" in p 's Offic a buria ion, or		Conditions, if eny, which gave rise to Immediate cause	
			(a), stelling the underlying DUE TO	
	certificate d'pendin Examiner se used as al, cremati	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0); 19, WAL	S AUTOREY
	S-o iii o =	CERTIFICATION	PEP	RFORMED?
		OH.	200. EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURRED, (Enley nature of injury in Port or Port) of item 18.)] NO 📑
	writing the Chief Mac	CER	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	EXAMINER: ste, writing the the Chief Me R: Page 3 sho	₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County)	(State)
		MEDI	Hour a.m. While Not While fectory, street, office bldg., etc.)	
			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I inquiry . and in my	opinion
	MEDICAL s the certific orwarded to DIRECT designated		death resulted from: Matural obuses Accident . Suicide . Homicide . Undetermined manner	
	MEDIC e the cer forwarde forwarde designal		CHIEF MEDICAL EXAMINER	
₹	The form of the fo		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE 8	IGNED
	UTY ERAI or its		EXAMINER'S DEPUTY MEDICAL EXAMINER	(7
	DEPUTY Mease execute should be for FUNERAL.	22	NAME (Type) Address (Street, city, town or county) Address (Street, city, town or county) Address (Street, city, town or county) See BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [5]	
	DEP please 4 shou O FUI	2.28	REMOVAL (Specify)	1/1/
	Öğ4Ö	23	BURIAL 12-6-6 MEADOWRIDGE CEM. DORSEY ADDRESS 1240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURA ADDRESS 1240. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURA	14
	VR AISME	8	the It / Secretary line of FER 7: 1867 Villageles June	dat
	5M 1/63 1 -)	4	Doll S Deviend Selling 12 MA DATE LOS	<u>u</u>
		1	ROBERT S. BARRANCO	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

= 8 E	53	1	01710	CERTIFICA	TE OF DEATH		01707
rs after death the funeral Pages I and 2 irs after death		1	PLACE OF DEATH A A Co	MARYLAND	0. STATE ~ 1.	Where deceased lived if institution b (OUNT)	Residence befare admission)
ous afti by the Pages ours afti			S CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) L. XIP WATEL	c LENGTH OF STAY IN 16	Enlacu	utside carparate limits, write RURA	L and give rearest tawn)
within 24 hours after by filled in by the fur papers. Pages I within 72 hours after			NAME OF HOSP TAL OR INSTITUTION (If no	of in hospital, give street address)	d STREET ADDRESS		e IS RES DENCE DN A FARM? YES NO
ted within pletely fill carban p			NAME OF Fir DECEASED Type or pont) Jame:		STUART	4 DATE Month OF DEATH 2 -	Day Year 8 196 7 ·
one camplete emore carl		5	Male white	7 MARRIED NEVER MARRIED WIDOWED DIVDRCED	B DATE OF BIRTH	899 (ost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
ote be		dJr	USUAL DCCUPATION (Give kind af wark done ng mast af working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY GO reamont	SPORBNE	(& State, or foreign country) WASHINGTON.	12 CTIZEN OF WHAT COUNTRY?
e death certificate b attending physician termit. Then please an, ar remaval, mnd i			71	UART	14. MOTHER'S MAIDEN	Re LARVE	*-
attendin permit. ian, ar re		{Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give wor or dates or Y.C.)	120.44 6649 :	Dr. INFORMANT Sally Grock Stu	ant Edgenal	to, Mod
that the dan. by the atteransit permenent			18 CAUSE OF DEATH (Enter anly one cause PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE	(0) Inany	Occhis	ion	INTERVAL BETWEEN ONSET AND DEATH
w requires ling physici een signed the buriat-t r ta buriat,			Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b) wany	arting do	ilop	
The attempt has ase as	,	CATION	PART I OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CD	NDITION G VEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO
₩ 한 분유표		AL CERTIFICATION	200 ACCIDENT WAS UNDERLY NG CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURI			
SING PHYSIC by the haspi witer this cert be detached State Dept a		MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19	While Nat While at work	PLACE OF INJURY (Hame, for factory, street, affice bldg, etc.)	(Caunty) (State)
TO HOSPITAL OR ATTENDIN' Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat			21. I certify that (I) (this has saw the deceased alive on 22a, SIGNATURE	pitol) attended the deceosed from $2 - 8 = 19 \cancel{\cancel{6} \ 2}$, and	that death occurred at	19 <u>6_7</u> , to <u>2 - 8</u> 1M, from couses or	, 19 <u>6.7</u> , that (I) (we) id and on the dote stoted above 22b. DATE SIGNED
LOR A be ref DIRECTOR			22c. PHYSICIANS	H. Inlin	M.D ATTENDING PHYS 22d. ADDRESS	MED STAFF DIRECTOR PHYS.	2-9-67
O HOSPITAL OF Page 4 may be O FUNERAL DIR director, page Shaveld be filed		230	NAME (Type) Emily H. T	Wilsoh, M.D. EREOF 23c NAME OF CEMETERY	OR CREMATORY	Lothian, Md.	(Caunty) (State)
Page To Fig direct shar	OB)		REMOVAL (Specify) FUNERAL DIRECTOR	1967 C. S. Name of Constent	Cometary	Annepoles	STRAR S. SIGNATURE
VR A15 (4)	[5]		Adhiant 12 P. d. o)	/	, Med 250 KER	FTE 1 4 1967	Villanley Judas



C

TO COSPITAL - ATTINUME PRYSICAN: The law requires that the anoth certificate be enacuted within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

19 TOV

TO FUNTRAL DIRECTOR: After this certificate has been signed by the attending blysician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Therefore can emay carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01711

CERTIFICATE OF DEATH

01708

I. PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)			
a COUNTY	Anne Arund	lel MARYLAND	a STATE Marro	land b COUNTY An	ne Arundel	
b CITY OR TOWN (f outside corparate mits	C LENGTH OF STAY IN 15		sutside corporate mits, write RURAL and a		
Annapo	l give nearest tawn)	1 day	RITE AT	Annapolis		
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in ho		d STREET ADDRESS	Aimaports	e IS RESIDENCE	
	del General Ho		Rt-1, E	lox-23	ON A FARM?	
3 NAME OF	First	Middle	Last	4 DATE Month	Day Year	
DECEASED (Type or print)	William	Thomas	TAPP	DEATH February	1 19 67	
SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	lost butteday) Manthe	ER 1 YEAR IF UNDER 24 HRS	
Male		DOWED DIVORCED	Oct. 1, 190	64 yrs		
a USUAL OCCUPATION	(Give kind of work done	10b KIND OF BLISTNESS OR	11 BIRTHPLACE (County		COUNTRY?	
3. FAFTNER'S NAME	1101	TAIL	14 MOTHER'S MAJOEN	NAME	1	
GEOR	39E E, 7	ADD'	ALLMIR	E C. BROWI	U	
S WAS DECEASED EVE	R INU S ARMED FORCES?	76. ROCIAL SECURITY NO. 17	INFORMANT	Address		
res, no, or unknown)	(If yes give war ar dates of service	(e)	RENF /	APP # 12		
1B CAUSE OF DI	ATH (Enter anly one cause per	line for (a), (b), and (s).)	/ 1	1 1 1	INTERVAL BETWEEN	
	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	9-16 100	acred it	12 Jan el in	ONSET AND DEATH	
101	DUE TO		1	7 - 30		
Canditions, if any	subtab areas A					
rise to immediat	e couse (n)					
stoting the unde						
last.	(c)				<u> </u>	
PART II OTHER S		BUTING TO DEATH BLT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(0)	19 WAS ALTOPSY PERFORMED?	
	Carcinoma of	the prostate			YES XX HO	
	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of in ury in	Part Lar Part II of Item 18.)		
20c TIME OF INJU	RY Month, Day, Year		ACE OF INJURY (Home, for		(County) (State)	
Hour 'a r	10 1	While Not While fa	ctary, street, office bldg., etc)		
		attended the deceased fram_	Dec. 20.	19 66 , to Feb. 1, 1	9 <u>67</u> that (I) (₩) las	
		Teb 1 19 67, and the	at death accurred a	M from raises and an		
220. SIGNATURE	Panil	Te on 17. N	ATTENDING PHYS.	MED STAFF 22b.	DATE SIGNED 2/3/67	
22c. PHYSICIAN'S NAME (Type)	Edwin Davis	, Jr. M.D.	22d. ADDRESS 100 Cathe	dral St., Annapoli	s, Md.	
BURIAL (REMAINS) REMOVAL (Second)	23b DATE THEREOF	230 MANE OF CEMETERY OF	CREMATORY	273 LOCATION (City or Jown)	(Coorty) (Syate)	
24. FUNERAL DIRECTO	RDDD	ADDRESS / 3	250 REC	D BY REGISTRAR 256 REGISTRAR	S SIGNATURE	
tourld	x -15 701 (mucoobs. 16	10. DATE	FEB 8 1967	well Judge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01712 CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY **b** COUNTY Anne Arundel Marvland Anne Arundel impletely filled in by the fun ye carban papers. Pages I event, within 72 haurs after MARYFAND b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)

Annapolis C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis OF COSPITAL OR INSTITUTION IN poly hospital, give street oddress)

Arundel General Hospital d STREET ADDRESS IS RESIDENCE 188 Duke of Gloucester St., NO PCK YES NAME OF Firs1 Middle DATE Day Year DECEASED OF DEATH 1.67 Arvilla TAYLOR 21 February Sommers (Type or print) FUNDER I YEAR S SEX AGE (in years 1F UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED 75 birthdoy) Months Dovs Hours Nov. 4, 1890 In any Female White WIDOWED TO DIVORCED 10a USUA, OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT LaBIRTHPLACE (County & State or foreign country) during most of working life even if retired COUNTRY? Marvland = 13 FATHER'S NAM cremation, ar remayol, 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO **INFORMAN** Address (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse Bealth prior fo PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NOXXX YES 200 ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH P 50 (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg, etc.) Not While at work at work -196) that (1) 396) last 21. I certify that (1) (the second) attended the deceased from and that death accurred at M fram causes and an the date stated above saw the deceased alive an 22o SIGNATURE 22b DATE SIGNED ATTENDING director, page MD DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 121 Cathedral St., Annapplis, Md. BUR AL CREMATION 230 (County) (Stote) FUNERAL DIRECTOR **ADDRESS** 2So RECD BY ₽Sb. REGISTRAR'S SIGNATURE

requires that the death certificate the tramsit signed by been d) OIS. has r this certificate to ATTENDING PHYSICIAN: Affer 1 be retained TO FUNERAL DIRECTOR: O HOSPITAL

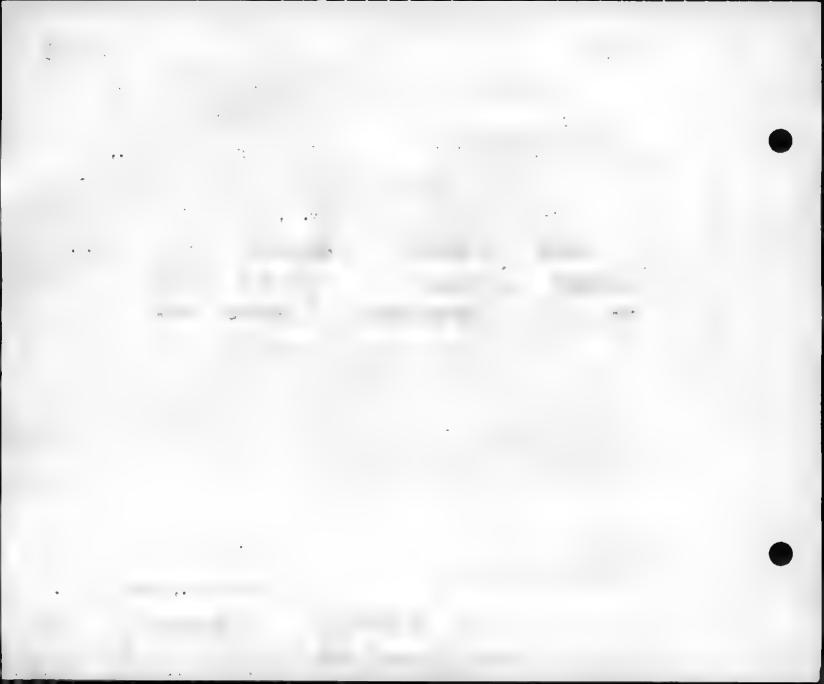
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within

executed

25M 1/67



STREET, BALTIMORE 1, MARYLAND FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) a. COUNTY e. STATE b. COUNTY A.K.CO MARYLAND b CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete I m ts, write RURAL end give neerest town, c. LENGTH OF STAY IN 1b write RURAL and give negrest town! ARNOLD SHAWADELL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? O.A-ANNE. ARUNDEL-YES TO NO TO NAME OF DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BRITH AGE (In years | IF UNDER 1 YEAR IF UNDER lest birthdey) House WIDOWED DIVORCED 10e. USUAL OCCUPATION ,G ve kind of work 1Db. K ND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (State or foreign country. I 12. CITIZEN OF WHAT COUNTRY? done during mast of working tife, even if retired) 13. FATHER S NAMI 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no. or unkown) | (If yes give werer detes of service) 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMED ATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1 19. WAS AUTOPSY PERFORMED? NO A 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II) 6m 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. P. ACE OF INJURY Mome, farm, 20c. TIME OF INLLRY 20f. (City or town) Month, Day, Year (County) fectory, street, office bldg., etc.) Not While et work 21. I certify that I took charge of the remains described above held an Autopsy and in my opinion Undetermined manner death resulted from. Accident Suicide Homicide CHIEF MEDICAL EXAMINER IT Constitution of ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE designate DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL CREMATION | 226. DATE THERE 22c. NAME OF CEMETERY OR CREMATORY 0 6 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR VS. A15ME 5M 7/59

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit perm't. They please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, ar removal-end in any event, within 72 hours offer depth.

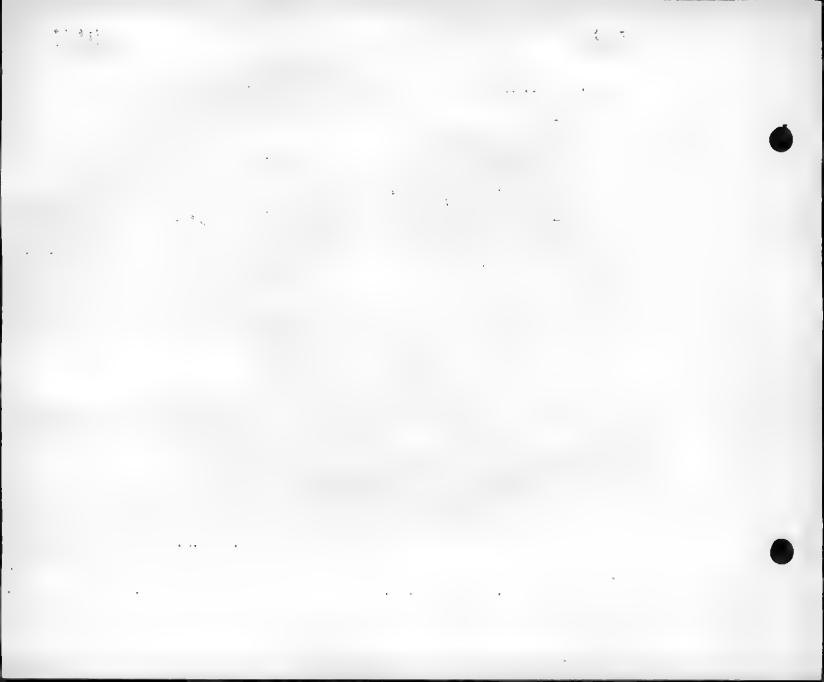
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

714

Jane	CERTIFICATE OF DEATH								
A Y		PLACE OF DEATH				on Residence befare admission)			
1		a. COUNTY Anne Arundel	MARYLAND	o. STATE Mai	ryland b. COUN	Anne Arundel			
		b CITY OR TOWN (If outside carparate limits,	c. LENGTH OF STAY IN 1b		tside corporate limits, write RUS				
		write RURAL and give nearest town) Annapolis		Anna	apolis	/			
	(d NAME OF HOSPITAL OR INSTITETION (If not in haspital,	give street address)	d. STREET ADDRESS		e IS RES DENCE			
		Anne Arundel General	Hospital	Rt. 5	, Box 76	YES NO			
		NAME OF First DECEASED	Middle	Last	4. DATE Mant	th Day Year			
		(Type ar print) Guy	Jose Ph	THOMAS	DEATH Februar				
	S. 5	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Doys Hours Min			
		Male Negro WIDOWED	DIVORCED [December 16,	, 1903(3 62 yrs.	MOTRIS DOSS HOUSES PAIN			
			IND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?			
	GUI	My I a A V	ruckenice	4	Maryland	U. S.			
	13	FATHER S NAME	2-4 2	14 MOTHER S MA DEN	NAME	22/			
	6	total 1 The	Max	Carru	4chiles	t I'C			
	15/	.WAS DECEASED EVER IN U.S. ARMED FORCES? 16 s. ng G unknown) ((If yes give war or dates at service)	SOCIAL SECURITY NO 17 1	NFORMANT	Addre	3//			
	.,,	// 6	ViiC	leave T	FIMINO (Later Collect			
		18 CAUSE OF DEATH (Enter only one couse per line for	(a), (b), and (c))	11 0	1-11	NTERVAL BETWEEN ONSET AND DEATH			
		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Menera	2 100	JYall	ONSET AND DEATH			
		DUE TO							
		Canditions, if any, which gave) (b)							
		stating the underlying cause DUE 10							
		kast. (c)							
	ž	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?			
~	B					YES NO			
	CERT, FICATION	20d ACCIDENT WAS UNDERLYING ☐ 20b DE OR CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. ((Enter nature of injury in	Part I or Port II af item 18)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MED CAL	20c TIME OF INJURY Month, Day, Year 20d Ji Haur a.m. 20d Ji		CE OF INJURY (Hame, farm ary, street, affice bidgi, etc.)		(County) (State)			
	¥	p.m. 19 at wor		ary, sneet, arrice b ag , etc ,					
		21. I certify that (I) (Mis hospital) otten	ded the deceased fram	,1	9, to	, 19, that (I) (we) lost			
		sow the deceased give on	19, and that	death accurred at	M. from couses	and on the date stated above.			
		220. SIGNATURE	*	ATTENDING	MED STAFF	22b. DATE SIGNED			
		22cl PHYSICANS	MO	PHYS L	DIRECTOR PHYS	February 11,1967			
		NAME (Type) Theodore G. Osiu	s M. D.	220, ADDX(3)	77 Franklin St	., Annapolis, Md.			
	72			COCHA TODY					
	230	BURIAL, CREMATION, 23b DATE THEREOF, REMOYA, (Spec fy)	23c HAME OF CEMETERY OR	N CON 12	23d LOCATION (Cuy or Tox	wn) (Caunty) (State)			
0	7.4	FUNERAL DIRECTOR	ADDRESS	25g RECT	D BY REGISTRAR 25b RE	GISTRARS SIGNATURE O			
	7	1(11/1/10m) Rocalite	111117	11/1	==B 1 4 1967	Charles Judge			
1"	11	11 1 1 61/11/1 De ball-tte	11 1. 1. 1 1111	// { DATE !	E-B T A IMOI	1 0			



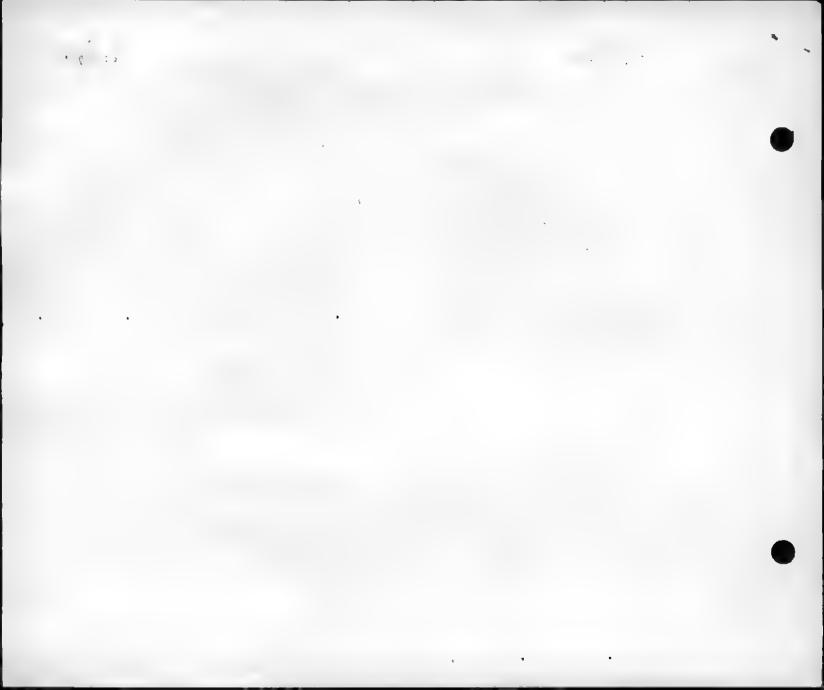
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, first tution Residence before admission c. COUNTY b. COUNTY MARYLAND b CTY OR TOWN (If autside carparate imits, c CITY DR TDWN At autside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 rgie R. RAI and give nearest town) noraballo d NAME OF HD SPITA. OR INSTITUTION (If not in haspital, give street address) e S RESIDENCE ON A FARM? d STREET ADDRESS YES NO NAME OF DATE DECEASED DEATH (Type or print) S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years 7 MARRIED Months DIVORCED WIDOWED 1Da USUAL OCC. PATION (G ve kind of work done during most of working life, even if settred) 106 KIND OF BUS NESS OR 12 CIT ZEN OF WHAT COUNTRY 21 IND..STRY 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates of service) Mr. Robert Bouchelle 509 W. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) ONSET AND DEATH 'cucinana J Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause PART I DTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? NO V 20g ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20r TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (Cify ar town) (County) (State) Not While factory, street, office bldg , etc.) at wark , 1966, to to 1962, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 1967, and that death occurred at 11 P.M. from couses and an the date stated above saw the deceased olive on 22a SIGNATURE 226 DATE SIGNED DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23d LOCATION (City of Tawn) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) Burial (Specify) Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
John A. Moran Inc. 3000 & Baltimore Street Minules

ond 2 deoth. within 24 haurs offer death. by the funerol Pages 1 and filled in I papers. event, within OR ATTENDING PHYSICIAN: The low requires that the death certificate be signed by the buriof-tronsit TO FUNERAL DIRECTOR: After this certificate has been Dept of Health prior to GS USe detached director, poge should be filed O HOSPITAL

VR A15 (4) 25M 1/67

removal,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Anne Arunde 1
b (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9 yrs. 2 mos Laure **Granville** d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RES DENCE ON A FARM? Our Lady of Mercy School Children's Center Hospital YES NO TO 3. NAME OF Middle Last 4. DATE DECEASED 9 AGE (In years (Type or print) Alberta Virostek S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH lost b rthday) Manths Hours WIDOWED DIVORCED Female White 9/14/36 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Institutionalized Farrell P.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Albert Andrew Virostek Elizabeth Bernadetta (Tobasco) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, na, or unknown) ((If yes give war ar dates of service) Children's Center Hospital, Laurel, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH Aspiration of food PART I. DEATH WAS CAUSED BY. - IMMEDIATE CAUSE (o) DUE TO Mental retardation Conditions, if any, which gave rise to immediate cause (a), **DUE TO** stating the underlying cause lost. PERFORMED?
YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. foctory, street, affice bldg., etc.) Not While at wark at wark , 1957 , to Feb. 7 21 I certify that (I) (this haspital) attended the deceased fram Nov. 1 __, 1<u>6.7__</u>, that (I) (we) last Feb. 7. 1967, and that death accurred at 9:05ah, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED

ATTENDING

22d. ADDRESS

DIRECTOR

Children's Center Hospital, Laurel.

2/7/67

PHYS

M.D.

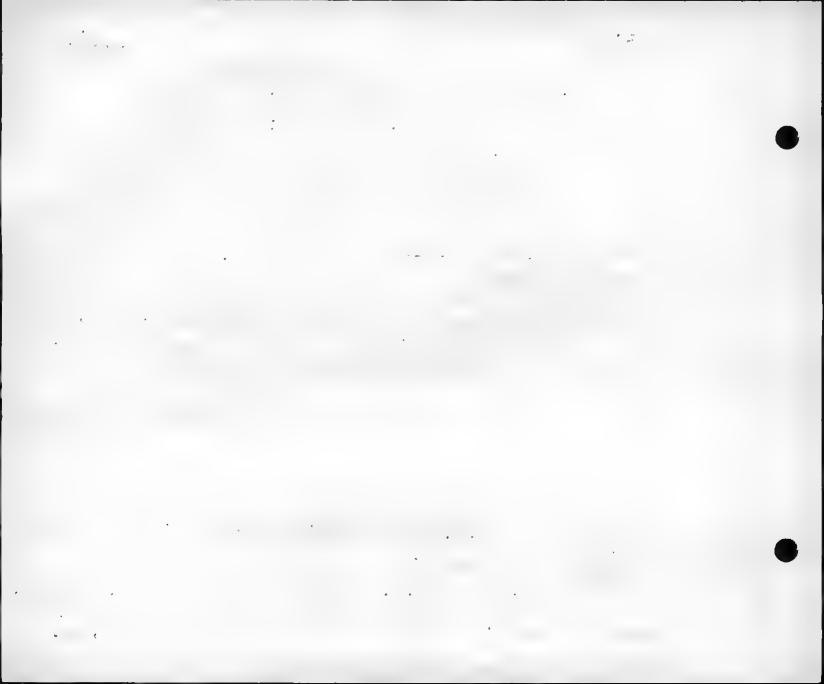
law requires that the death certificate be executed within 24 hours after death ompletely filled in by the fur ve corbon popers. Pages I event, within 72 hours after completely filled remove corbon and in ony bursol, cremation, or signed by the buriol-tronsit p O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. d for use as the of Health prior to hos been certificote detoched TO FUNERAL DIRECTOR: After this director, page 3 should should be filed with the

22c. PHYSICIAN'S

NAME (Type) GEORGE T. ECONOMOS, M. D.

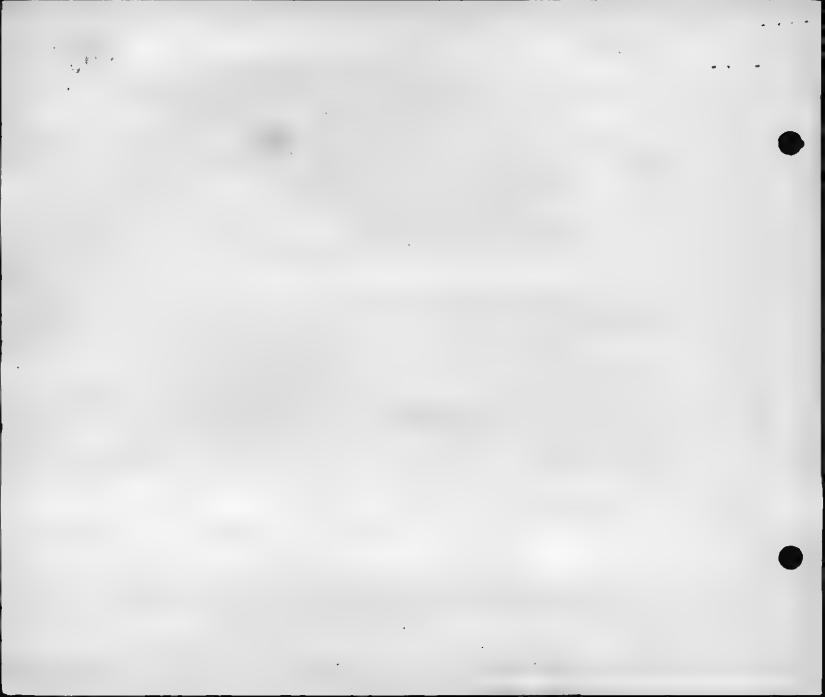
deat

23c NAME OF CEMETERY OR CREMATORY 23o BUR AL (REMATION 23b DATE THEREOF 23d LOCATION (City or Tawn) REMOVAL (Specify)
Burial Gate of Heaven Cemetery Silver Spring 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S WISCONSIN tue.

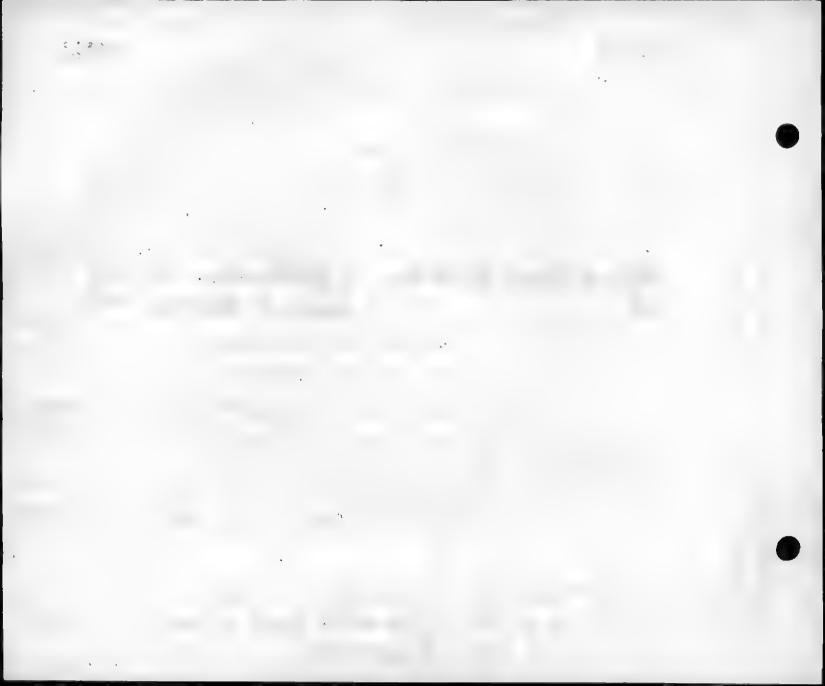


301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decreased fived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY' wilke 후 7 ± MARYLAND by the b. CITY OR TOWN is odiside corporale limits. c. LENGTH OF STAY IN 16 CITY OR TOWN Affoutside corporate limits, write RURAL and give nearest town) Write RURAL and own naarest town 5-Pages aff. TNAME OF HOSPITALOR INSTITUTION of not in hospital, give street address filled e. IS RESIDENCE ON A FARM? YES NO [npletely NAME OF 4. DATE Month Pay Year DECEASED OF (Typé or print) DEATH 19 6 5. SEX 6 COLOR OR RACE 7, MARRIED T NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS and last birthday) Months Days DIVORCED physician OVe 10a. JSUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? done-during most of working life, even if reffres please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .0 ding Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN á ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) has been signed ne burial-transit p emation. DUE TO Conditions, if any, which (b) gave risa to immediata cause Ď certificate has borrior use as the buri DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of in ury in Part I of Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20a. PLACE OF INJURY (Homa, farm, ! 20c. TIME OF INJURY 20d. INJURY OCCURRED I Month, Day, Year 20f. (City or town) (County) (Stata) factory, streat, office bldg., atc.) While Not While Jo Hour a.m. may be recommod DIRECTOR: at work at work p.m. 21. I certify that (I) (this hospital) aftended the deceased from. 19(Q) that (I) (we) last P.M. from the causes and on the date stated above. State . .19 .42 and that death occurred at saw the deceased alive on, .. 22a. SIGNATURE 22b. DATE ATTENDING MED. SIGNED death. Page 4 O FUNERAL director, page 3 be filed with the PHYS. DIRECTOR PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S ADDRESS 22d NAME (Typa 23s. BURIAL, CREMATION, 1 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d/ LOCATION (City, town or county) (State) る音楽 REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4)

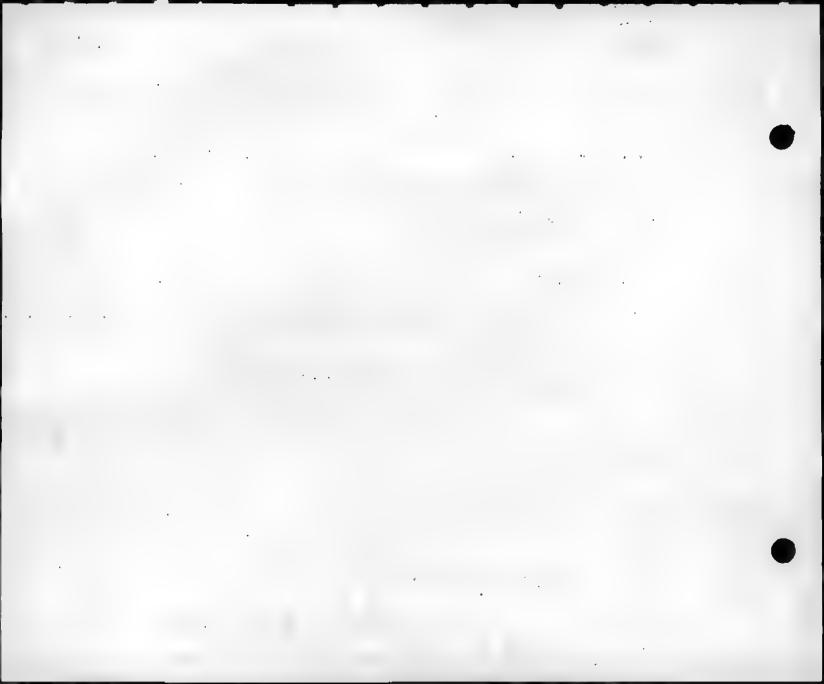
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01718 CERTIFICATE OF DEATH deoth. and funerol The low requires that the death certificate be executed within 24 hours after deat PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY 6 COUNTY MARYLAND hours after Pages c LENGTH OF STAY IN 15 outside corporate limits, write RURAL and give nearest town b CITY OR TOWN (If outside carporate mits. write_RURAL and give nearest town) NNAPOLIS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? popers. within 72 filled NO ENERAL pou 3. NAME OF DATE Lost Doy Year **DECEASED** 3 -EB BER DEATH (Type or print) ond in any even IF UNDER I YEAR S SEX COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7 MARRIED rømove last hirthdoy) Months Doys Hours WIDOWED ond KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g JSIJAL OCCUPATION (Give kind of work done physicion c COUNTRY? OVT AIKMOUNT 13 FATHER'S IN AME on, or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? MFORMANT permit. gknown) (if yes give wor or dotes of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-tronsit buriol, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY ENTRICULAR IMMEDIATE CAUSE (o) HOUL Page 4 may be retained by the hospital or attending physician. DUE TO MYOCARDIAL INFARCTION 2 HOURS Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse be detached for use as the State Dept. of Health prior to certificate has been CARDIOVASCULAR DISEASET UNKNOWN last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITO WAS AUTOPSY PERFORMED? UNCONTRULLED PIABETES YES NO YPERTENSION 20o. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. Not While factory, street, office bldg , etc.) 19 **fO FUNERAL DIRECTOR:** After at work 21. I certify that (1) (this haspital) attended the deceased fram. 1967, to FEB director, page 3 should should be filed with the and that death accurred at 10 P M, from causes and an the date stated above. saw the deceased alive an FER 220 SIGNATURE 22b. DATE SIGNED M.D. 22d ADDRESS 22c PHYSICIAN'S RIVER MEDICAL NAME (Type) CHARLES EDGEWATER. MARYLAM 21037 BURIAL, CREMATION DATE THEREOF LOCATION (City or Town) 230 REGISTRAR'S SIGNATURE 256 VR A15 (4) 196 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH



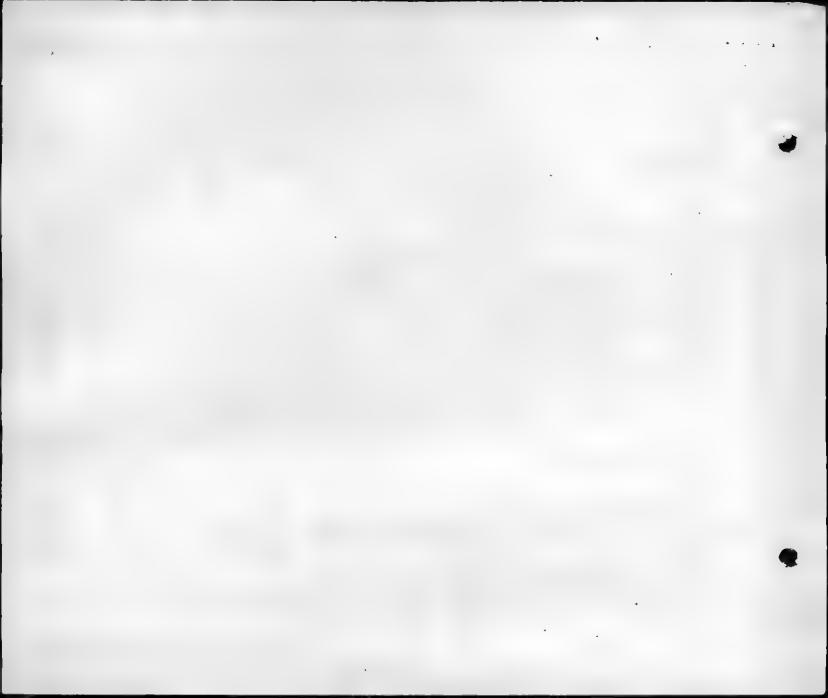
may be retained to be haspital as attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO MOSPITAL OR ATTENDING ENTSICIAN: TILL for requires that the death certificate be executed within 24 hills ofter leath; Page II

VS A1S (4) ISM 9/\$\$

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE, 18

	01720 CERTIFICA	ATE OF DEATH Reg. Dist. No. 171
	1. PLACE OF DEATH O. COUNTY AND AGUING MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RIVIERA BEACH
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION KNOLWOOD MANAGER N/Hom-E.	d STREET ADDRESS 217 Mendow Rond e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) Edith A.	Lost 4. DATE Month Day Year OF DEATH DEATH 27 27 19 67
	Fremale White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years fost birthdoy) 15 UNDER 1 YEAR IF UNDER 24 HDS. Months Doys Hours Min.
	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Nursing A:	ISTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY LA-S-A- 14. MOTHER'S MAIDEN NAME
	Albert Tunstall	Elizabeth Betts INFORMANT Address
	(Yes, no, or unknown) (If yes, give wor or dotes of service) (IS - 24-6050A) (B. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).)	Theat E. Jones (SON) SAM = a= # 2
	PART 1. DEATH WAS CAUSED BY: **MMEDIATE CAUSE (o) CORONARY DUE TO	THROMBOSIS ONSET AND DEATH IMMEDIATE
	Conditions, if any, which gove rise to immediate couse (o), stoling the under-tying couse lost. (b) ARTERIOSCLERO DUE TO (c)	TIC CARDIO MASCULAR DISEASE 10 YRS
,	CATIC	I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \ NO \(\bigcap \)
		D. (Enter noture of injury in Port t or Port It of Item 18.)
	Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from alive on 2/2/2, and that death	
	ACTUAL J. Brady Smith	ADDRESS (Street, city or town, stote) DATE SIGNEY M.D 8471 FT. GMALLWOOD ROAD 2/27/6
	PHYSICIAN'S J. BRASY SMITH	PASMOENA, MD.
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C HOPE Cam	eterry wereester mass
	Singleton Funeral Home / Chen Buch	e md. DATE MAR 1 1967 Pullantes Judge



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ON A FARM?

19

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

(County)

22b. DATE SIGNED.

NO Z

(Stote)

YES

Day

Days

12 CITIZEN OF WHAT COUNTRY? USA

Manths

CERTIFICATE OF DEATH death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) PLACE OF DEATH h COUNTY a. COUNTY ANNE ARUNDE L Pages b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN In c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low CROWNSY, CLE BALTIMORE d. NAME OF HOSPITAL OR INSTITLT ON (If not in haspital, give street address) A STREET ADDRESS .= CROWNSTILLE STATE HOSPITAL S. FREMONT 3 NAME OF 4 DATE Manth campaletely OF DECEASED EEKS HARTEY (Type or print) COL Ī DATE OF BIRTH AGE (In years S SEX 6 COLOR OR RACE **NEVER MARRIED** gve last birthdoy) in any WIDOWED DIVORCED gug 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or fareign country) during most of working life, even if retired) INDUSTRY MANNASSAS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā ar remaval, CRAMBLEM CAROLINE 17 INFORMANT 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates of service) crematian, 18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY. MRONCHO [NEUM ONIA IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if ony, which gave nse to immediate cause (a). DUE TO stating the underlying couse peen : attending the priar to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) hos for use Health CERTIFICATION be retained by the haspital ar certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20o ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or lown) Hour a.m. Not While factory, street, office bldg., etc.) of work 21. I certify that (1) (this haspital) attended the deceased from and that death occurred at ... AM, from causes and on the date stated above. FUNERAL DIRECTOR: saw the deceosed alive on_ 22a, SIGNATURE M.D. directar, page 3 should be filed v PHYS DIRECTOR Page 4 may b 22c. PHYSICIAN'S NAME (Type) L. BENEDICT M NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BUR AL, CREMATION REMOVAL (Specify) 2 urial 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR FUNERAL DIRECTOR

executed within 24 llaurs after

the Heath certificate

PHYSICIAN: The law requires

VR A15 (4) 20 M 1/66

L. 18EM

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01722		CERTIFICAT	E OF DEATH		01719
1 PLACE OF DEATH				Where deceased lived, if institution. Re	esidence before admission)
o. (DUNTY	Anne Arunde	MARYLAND	o STATE Mar	vland b. COUNTY A	nne Arundel
b CITY OR TOWN	(If outside corporate limits,	C LENGTH OF STAY IN 16		stride corporate mits, write RURAL an	
write RLRAL on	d give neorest town)	25 days	Ga I	esville	17-1
	JAL OR INSTITUTION (If not in		d STREET ADDRESS		e IS RESIDENCE
Anne Arur	ndel General B	ospital	^B ox	<u>-25</u>	YES NO
3. NAME OF	First	Middle	Lost	4 DATE Month	Doy Year
DECEASED (Type or print)	Chesterfi	Leld	WHITE	DEATH February	2 1967
S. SEX	6 (DLOR OR RACE 7.	MARRIED KAK NEVER MARRIED	B DATE OF BIRTH		NDER 1 YEAR IF JNDER 24 HRS
Male	0	/IDOWED DIVORCED	Dec. 9, 189	2 Jost birthdoy) Mon	ths Days Hours Min
106 LSUAL OCCUPATION during post of working		10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& Stote, or foreign country) Maryland	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	196/14	it	14 -MOTHER'S MAIDEN		re
	ER IN US ARMED FORCES? (If yes give wor or dates of sen	16 SOCIAL SECURITY NO. 17	INFORMANT O	address Address	well Mit
18 CAUSE OF D	EATH (Enter only one couse p	the lor (o), (b) and (c).)	e con con e la	Ch hances here	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (de	arcinoma of the	· esolely	29115	ONSET AND PROTECTION
207		100	7	7	or more
Conditions, if ony	, which gove) (b)		,		2000
rise to immedial	TO COUSE (O), DIE TO				
stoting the unde	(c)				
PART II OTHER SI		IBUTING TO DEATH BUT NOT RELATED TO	THE FERMINAL DISEASE CON	NDITIDN GIVEN N PART 1(0)	19 WAS ALTOPSY PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MED!CAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II of Hem 18)	
20c, THME OF INJUNE OF INJ	10	While of work of work of	ACE OF INJURY (Home, form chan, street, office bidg, etc.)		(County) (Stote)
			Jec 1	9 66, to Feb. 2,	19 67 , that (I) (300) last
		b. 2, 19 67, and the	at death accurred at	M, fram causes and a	on the date stated above.
220 STUNATURE	Chard Ti	huith "	ATTENDING	9:00 PM STAFF 22 MED DIRECTOR PHYS	DATESIGNED 2/3/6/7
22c. PHYSICIAN'S NAME (Type		Smith, M.D.	22d. ADDRESS Shady Si	de. Md.	/ / /
230 BUR AL, CREMATIO	ON, 236 DATE THEREOF			23d LOCATION (City or Town)	(County)) (Store)
13166160	12-1-14	ET ENEMER	e2,	MULENTE	Ul Mile
24 FUNERAL DIRECTO	DINIKOPA O-	# ADDRESS	2So. REC'L		AR'S SIGNATURY

TO MOSPILAL IN MITHING PRIVICEN: The faw remaines that the Lasth certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending objection and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death Rage 4 may be retained by the Rospital or attending physician.

VR A15 (4) 25M 1/67



11.67-30

FOR STATE-HEALTH

O DEPUTY MEXICAL ENAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of TO DEPUTY MED

Heolth prior to burial, cremotion, or removal, and in any event within 72 hours after death. VR A 15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

01724		MEDICAL EXAMINER'S	S CERTIFICATE OF	F DEATH	01	721			
1. PLACE OF DEATH 0. COUNTY			2. USUAL RESIDENCE (W	here deceased lived, if institu b. COU		before odmission}			
	Anne Arundel	MARYLAND		laryland		Arundel			
	f outside carparate limits, I give neorest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RL	JRAL ond give r	neorest town)			
	Glen Burnie-r		Brookly	n Park-rural		22-1			
d. NAME OF HOSPIT.	AL OR INSTITUTION (If not in	hospital, give street address)	d. STREET AOORESS			B IS RESIDENCE ON A FARM?			
Not	rth Arundel H	lospital	313 17th	Ave.		YES NO			
3. NAME OF DECEASED (Type or print)	First James	Middle	Lost Wood	4. DATE Mon OF DEATH 2/	/18/67	Doy Year			
S, SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years lost birthday)	Months I				
male	white	WIDOWED DIVORCED	6/16/52	14 yrs.	MONINS	Doys Hours Min.			
Oo. USUAL OCCUPATION during most of working Student	(Give kind of work done life, even if retired)	10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)		ZEN OF WHAT NTRY?			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME					
Jack	M Wood		Vivis	n Pupert					
IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Addr	ess				
No No	(If yes give wor or dotes of see	VICO	Family		Same				
18. CAUSE OF DE	ATH (Enter only one couse p					INTERVAL BETWEEN			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carbon monoxide po	oisoning asso	ciated with s	moke	ONSET AND DEATH			
9160		and soot inhalat	ion						
Conditions, if ony,									
stoting the under									
lost) (t)								
PART II. OTHER SI	GNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONC	DITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO			
20a. EXTERNAL CA PRIMARY Cor CO		206. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.}					
CAUSE OF DEATH.	TRIBUTIAU LI	Conflagration	on						
	JRY Month, Doy, Year	20d. INJURY OCCURRED 2 20e. P	LACE OF INJURY (Home, form,	20f. (City or town)	(Coun	ty) (Stote)			
2:00 xx 2 18 19 67 While of work shack shack Brooklyn Pk. A.A.									
21. I certify	21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection x, Inquiry , and in my opinion								
death result	death resulted fram: Natural causes , Accident k, Suicide , Hamicide Undetermined manner								
CHIEF MEDICAL EXAMINER									
SIGNATURE	SIGNATURE WOCKER & M.D. ASSISTANT MEDICAL EXAMINER &								
EXAMINER'S TO NAME (Type)	Verner U. Spi	.tz, M.D.	DEPUTY MEDICAL Address (Street,	city, town, or county)	2/	19/67			
230. BURIAL, CREMATIO REMOVAL (Specify)				23d. LOCATION (City or To	own) (C	County) (State)			
	2/20/01	Glen Haven		Glen Burn		CO Md			
24. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 25b, R	EGISTRAR'S SIG	NATURE			
McCul	TY F H 237 P	et.ensco Ave 27 225	OFFE B	2 0 1967 1	LON	1 0			

gramma to the total amiliae10 W/05/c 11-0 **b** Ent on the Steel